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ABSTRACT

Educators and social-service providers find it highly challenging to form partnerships with families that are based on mutual respect and reciprocity. This document is the second in a four-part training module that was developed by Northwest Regional Educational Laboratory's Child, Family, and Community Program. The module is based on an ecological, family-centered approach to education and service delivery, and is used to train state cadres in Oregon, Idaho, Montana, Alaska, and Washington. The primary goal of the workshop is to facilitate a change in attitude on the part of those who work with children and families. This workshop emphasizes the importance of relationships and of understanding, supporting, and respecting the family's perspective. Participants examine the ways that their own schools and/or agencies work with families, practice identifying strengths in families, and learn strategies for developing partnerships between families and professionals. The module contains a training outline with procedures, activities, overhead transparencies, handouts, key articles, and a paper entitled, "The Ecology of the Family: A Background Paper for a Family-Centered Approach to Education and Social Services Delivery," which synthesizes research and theoretical information on the ecological perspective. (Contains 39 references.) (LMI)

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ED 404 740

Working Respectfully with Families

A Practical Guide for Educators and Human Service Workers

Module II: Developing Partnerships with Families

Christie Connard, Rebecca Novick, and Helen Nissani

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EA 028 238

Working Respectfully with Families: A Practical Guide for Educators and Human Service Workers

Training Module II

Developing Partnerships with Families

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Child, Family, and Community Program
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March 1996

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Welcome

Thank you for being a part of NWREL's *Working Respectfully with Families* training cadre. Your experience and expertise will assure the success of the workshops. As a result of your effective presentation, personnel from schools and social service agencies will be in better positions to work toward changing the way they work with and view families.

For the past five years, the Child, Family, and Community Program (CFC) of the Northwest Regional Educational Laboratory (NWREL) has studied the development of school-linked comprehensive services in the Pacific Northwest. CFC has consistently found that educators and social service providers find it highly challenging to form partnerships with families that are based on mutual respect and reciprocity. Professionals often found it difficult to recognize strengths in the families they served. Frequently, they viewed project activities as required, remedial interventions.

There is a tendency in our educational and social service delivery systems to view children in isolation from their families, and families in isolation from their community and larger society.

The primary goal of these workshops is to facilitate a change in attitude on the part of those who work with children and families. There is a tendency in our educational and social service delivery systems to view children in isolation from their families, and families in isolation from their community and larger society. In addition, families—especially families having difficulty supporting their children's education—are often seen as deficient and in need of remediation. Three key tenets of the family-centered approach are:

1. The child must be viewed from an ecological perspective—that is, in the context of the family, community, and larger society.
2. Rather than diagnosing and remediating "the problem," professionals form partnerships with families—sharing knowledge, building trust, and developing goals and action plans based on family strengths and values.

3. Both families and children need supportive environments for healthy development.

The activities in these workshops are designed to engage participants in a collaborative learning process that will both connect with participants' prior experience and be applicable to their work with families. We are sure that your skills as a group facilitator will help make the workshops a productive, enjoyable learning experience for all involved.

Introduction

Consider for a moment today's popular adages about schools and social service agencies: "Parents are their child's first and most important teacher." "If we want healthy communities, we need healthy families." "Effective teaching addresses the needs of the whole child." Now consider the reality—the fact that educators and service providers often have little opportunity to work cooperatively with families to enhance outcomes for children. The goal of this project is to assist educators and human service workers to form effective and supportive partnerships with each other and with the families they serve.

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This four-part training module, *Working Respectfully with Families: A Practical Guide for Educators and Human Service Workers*, was developed by Northwest Regional Educational Laboratory's Child, Family, and Community Program. The modules are based on an ecological, family-centered approach to education and service delivery. This approach represents an integration of research and theory from developmental psychology and sociology, with experiential knowledge from social work, family support, early intervention, and early childhood education. Each workshop explores practical approaches to developing relationships with families, building the community environment, and linking families with community support. The training sessions include the following workshops:

I. The Child, the Family, and the Community

II. Developing Partnerships with Families

III. Creating Family-Friendly Schools

IV. Home, School, and Community Partnerships

Working Respectfully with Families will be used to train state cadres in each of five Northwest states: Oregon, Idaho, Montana, Alaska, and

Washington. The cadres will be composed of administrators, social service personnel, teachers, and others who work with families. They, in turn, will offer trainings to schools and social service agencies in their states.

Each module contains a training outline with procedures, activities, overhead masters, handouts, and key articles. The paper, "The Ecology of the Family: A Background Paper for a Family-Centered Approach to Education and Social Services Delivery," is also provided. It synthesizes research and theoretical information on the ecological perspective. Participants should read this paper prior to the first workshop. Presenters should be familiar with the content of the background paper before planning and implementing the workshop.

The first workshop, The Child, the Family, and the Community, presents the philosophical underpinnings of an ecological, strength-based approach; the next three workshops explore the practical applications for this approach. Because it is essential that participants are grounded in the research and theories that are the basis of a family-centered approach, the first workshop is a prerequisite for the next three. Interested persons may attend all four workshops or a combination of the first workshop and any other workshop(s).

Overview of Workshop II

Developing Partnerships with Families

As professionals, we often emphasize the content of our programs and exclude the process of education or service delivery. However, the relationships we develop with the children and families we serve may profoundly affect their ability to benefit from the educational or social services we provide. For example, in their study of high-risk mothers, Pharis and Lewin (1991) report that the participants ranked the caring relationships with the staff clinicians as more important than the concrete services they received. They concluded: "In helping people to develop in a healthy manner, in the long run, relationships count for more than things do" (p. 318). Similarly, Goodman, Sutton, and Harkacy (1995) evaluated the effectiveness of family workshops in a middle school setting. They note, "Apparently, just getting together in a caring and respectful atmosphere was a tremendous help to all participants" (p. 698).

This workshop emphasizes the importance of relationships and of understanding, supporting, and respecting the family's perspective. Central to the development of healthy relationships with children and families is the assumption that all families have strengths. As professionals, we must build on family strengths and competence to enhance their ability to nurture their children's healthy development.

In this workshop, participants will examine the ways that their own school and agency works with families, to practice identifying strengths in families, and to identify strategies that will aid in the development of partnerships between families and professionals. Participants are encouraged to build on their own strengths—to call upon their knowledge, their experience, and their stories.

Developing Partnerships with Families

Contents and Time Frame

I. INTRODUCTION 45 minutes

- A. Overview: A Family-Centered Approach: Process and Content
- B. Activity: Practice and Applications
- C. Icebreaker

II. A NEW RELATIONSHIP BETWEEN PARENTS AND PROFESSIONALS 2 hours

- A. Activity: Identifying Strengths and Challenges in Families
- B. Contrasting a Medical Model with a Partnership Model
- C. Developing the Partnership
- D. Activity: Developing Partnership Strategies

III. WRAP-UP AND NEXT STEPS 5 minutes

- A. Summary
- B. Practice and Applications

Developing Partnerships with Families

Materials

Required Reading

"The Ecology of the Family: A Background Paper for a Family-Centered Approach to Service Integration," prepared by Christie Connard

Overheads

WII-O1. A Family-Centered Approach
WII-O2. Is the Cup Half-Empty or Half-Full?
WII-O3. Medical/Deficit Model Assumptions
WII-O4. Ecological/Partnership Model Assumptions
WII-O5. Comparison of Medical and Ecological Models
WII-O6. Environments, Relationships, and Linkages

Handouts

WII-H1. A Family-Centered Approach
WII-H2. A Family-Centered Approach—Key Points
WII-H3. Three Family Stories
WII-H4. Medical/Deficit Model Assumptions
WII-H5. Ecological/Partnership Model Assumptions
WII-H6. Comparison of Medical and Ecological Models
WII-H7. Developing a Partnership Model: Self-Assessment
WII-H8. Directions for a Small-Group Activity
WII-H9. Environments, Relationships, and Linkages

Participant Packet

1. Background Paper: "The Ecology of the Family: A Background Paper for a Family-Centered Approach to Education and Social Service Delivery"
2. Articles
3. Handouts
4. Description and Objectives of the Workshop
5. Sample Agenda

Key Articles for Introductory Workshop II

Cochran, M. (1987). The parental empowerment process: Building on family strengths. *Equity and Choice*, fall.

Epstein, J. (1995). School/family/community partnerships: Caring for the children we serve. *Phi Delta Kappan*, May.

Goodman, J. & Sutton, I., & Harkacy, I. (1995). The effectiveness of family workshops in a middle school setting. *Phi Delta Kappan*, May.

Pharis, M. & Levin, V. (1991). "A person to talk to who really cared": High-risk mothers' evaluations of services in an intensive intervention research program. *Child Welfare*, LXX(3).

Developing Partnerships with Families

About this Workshop

This three-hour workshop discusses the implications of the ecological model presented in Part I for building family and professional partnerships. "The Ecology of the Family: A Background Paper for a Family-Centered Approach to Education and Social Service Delivery" contains a detailed description of the ecological model. Participants should read this paper before attending the workshop. Two models of parent-professional relationships are discussed. A family-centered approach is based on a parent-professional partnership model.

Workshop Objectives

As a result of this training, participants will:

1. Know implications of the ecological model for family/professional relationships.
2. Be able to contrast an ecological partnership model for parent-professional relationships with a medical model.
3. Identify strategies to develop parent-professional partnerships.

Developing Partnerships with Families

Training Outline

I. INTRODUCTION 45 minutes

Purpose: *The purpose of the training outline is to provide an overview and orient participants to content and expectations of the workshop.*

Directions to Presenters

1. Introduce yourself and others; allow time for everyone to introduce themselves.
2. Review any housekeeping information (rest rooms, parking validation, etc.), and ground rules (raising hand or talking freely, respect for other's opinions, etc.).
3. Go over agenda topics and training objectives; post the agenda on the wall.

A. Overview: A Family-Centered Approach: Process and Content

Purpose: *To review the main tenets of a family-centered approach.*

Directions to Presenters

☛ **WII-H1** **WII-O1**

1. Place **Overhead WII-O1** on the overhead (A Family-Centered Approach).
2. Refer participants to **Handout WII-H1** (same as overhead). Discuss.
3. Ask for comments from the group.

Key Points

- A family-centered approach is a process for delivering services to families that can be used by all schools and social service agencies.
- A family-centered approach is not a set of particular practices. Rather, it is a way of doing business—or a philosophy—in which families are recognized as having unique strengths and values and are encouraged to be active participants.
- Environments, relationships, and linkages are the key components of a family-centered approach.
- This is the second of four workshops. Workshop I discussed the ecological model, the foundation of this approach.

B. Activity: Practice and Applications

Purpose: *To connect Workshop I with the current workshop and to provide participants an opportunity to discuss their experiences in applying concepts in personal and work contexts.*

Directions to Presenters

1. Ask participants to turn to a partner and share their experience with the homework from Workshop I.
   - **Workshop I Assignment.** Participants were asked to a) go back to their school, home, or agency and practice a family-centered, strength-based approach with at least one family or person, and/or b) to try to identify situations where the approach might work. Identify systemic and other barriers to using this approach.
2. Ask for and chart responses.

C. Icebreaker

Purpose: *To activate prior knowledge of participants and to connect the training content with participants personal experience.*

Directions to Presenters

☞ **WII-H2**

1. Refer participants to **Handout WII-H2** (A Family-Centered Approach—Key Points).

2. Introduce the icebreaker by making these points:

Key Points

- A key tenet of the ecological model is that the child must be viewed in the context of the family, community, and larger society.
- All growth and development happens within the context of relationships. Establishing and maintaining relationships between professionals and families is the focus of today's workshop.

Icebreaker Activity

Directions to Presenter

1. Ask the group to think of something they have learned from the families they work with that has helped them in their everyday lives.
2. Ask participants to discuss with a partner something they have learned from families.
3. Ask for responses and chart responses.
4. Ask: "When was the last time you shared this aspect of family competence with your agency?"
5. Ask participants to break into groups by agency or school.
6. Ask them to write a statement or draw a picture that illustrates their organization's view of the family.
7. Ask them to brainstorm a list of things that are actually said about families.
8. Ask the group to share their statements, pictures, and lists.
9. Ask participants: "How might the community or an organization's family values be considered supportive of a family's healthy functioning? Less supportive?"
10. Chart responses.

Key Points:

- Families have a lot to contribute to the partnership.
- A family-centered approach builds on family strengths and competence.

II. A NEW RELATIONSHIP BETWEEN PARENTS AND PROFESSIONALS 2 hours

Purpose: *To discuss a non-deficit model as a basis for parent-professional partnerships.*

A. Activity: Identifying Strengths and Challenges in Families

Purpose: *To practice identifying strengths and challenges in families, with a discussion of the importance of strengths.*

Directions to Presenters

1. Introduce the activity by saying: "Much of our professional training has used a medical model stressing diagnosis and remediation. A family-centered approach seeks to support rather than fix. It is a strength-based approach."

WII-O2

2. Place **Overhead WII-O2** (Is the Cup Half Full or Half Empty?) on the overhead and read the quote. Discuss.
3. Form groups of six to eight participants.
4. Ask the group to assign a recorder and a presenter.

☛ **WII-H3**

5. Give each group a handout of one of the three stories—**Handout WII-H3** (Three Family Stories).
6. Ask each group to make a T-chart labeled strengths and challenges.
7. Ask the group to identify strengths and challenges within the family system.
8. Allow the group to work for 20 minutes.
9. Chart responses.
10. Ask the whole group: "Was it harder to list one or the other? Why will programs accomplish more by addressing family strengths rather than deficits?"

Key Points

- All families have strengths as well as challenges.
- Human beings actively organize, understand, and give meaning to their lives. Effective interventions build on and enhance a child and family's strengths and resources.

B. Contrasting a Medical Model with a Partnership Model

Purpose: *To contrast an expert/medical model with an ecological/strengths-based model.*

Directions to Presenters

☞ **WII-H4** **WII-O3**

1. Place **Overhead WII-O3** on the overhead (Medical/Deficit Model Assumptions).
2. Refer participants to **Handout WII-H4** (same as overhead).
3. Discuss the handout.

☞ **WII-H5** **WII-O4**

4. **Place Overhead WII-O4** on the overhead (Ecological/Partnership Model Assumptions).
5. Refer participants to **Handout WII-H5** (same as overhead).
6. Discuss the handout.

☞ **WII-H6** **WII-O5**

7. Now place **Overhead WII-O5** on the overhead (Comparison of Medical and Ecological Models).
8. Refer participants to **Handout WII-H6** (same as overhead).
9. For each model discuss: Who has the power to make decisions? Is communication one way or two way? What are the outcomes for parents?
10. From a family-centered perspective, are there advantages to the partnership model as opposed to the medical model? Are there disadvantages?
11. What impact might a parent-professional partnership have on children? Chart responses.

Key Points

- In the expert/medical model the power is all with the professional—communication is one way from professional to the parent; relationships have a potential of increasing parental dependency on professionals.
- In the partnership model, power is shared—two way communication is required to create and maintain the partnership. The relationship is based on mutual respect, responsibility, and reciprocity. Parents often increase their ability to nurture and advocate for their child.
- Parents frequently identify the quality of their relationship with professionals as being more important than the type of service or information provided.

C. Developing the Partnership

Purpose: *To understand guidelines for a partnership model.*

Directions to Presenters

☛ **WII-H7**

1. Refer participants to **Handout WII-H7** (Developing a Partnership Model: Self-Assessment).
2. Ask everyone to privately fill out the school or agency self-assessment for developing a partnership with families.
3. Ask participants to take a mental walk through their school or agency, thinking about family activities, interactions, and the physical attributes of the school or agency.
4. Ask each participant to identify two strengths and two areas for growth in the way their organization interacts with families, and privately record their own responses. Explain that you are recording only strengths.
5. Ask for responses.
6. Chart strengths.

Key Points

- A partnership between parents and professionals changes the rules for how the relationship works. Instead of the professional defining needs, setting goals, and delivering information, these things are negotiated with parents.
- The ability to be flexible and responsive is key to serving families.
- Parents and professionals may need to negotiate differences.
- Parents and professionals may differ in their approaches to the goals of the intervention, the methods by which the goals are achieved, the priorities, and/or the values related to the interaction. These issues will need to be negotiated.

D. Activity: Developing Partnership Strategies 45 minutes

Purpose: *To identify strategies for building partnerships.*

Directions to Presenters:

1. Tell participants they will be working in small groups of six to eight people.
2. Ask them to assign roles of recorder and presenter.
3. Introduce the activity.

WII-H8

4. Give each group **Handout WII-H8** (Directions for a Small-Group Activity), which contains a set of instructions.
5. Ask the group to create a chart of strategies to be presented to the whole group.
6. Break the group into small groups of six to eight people.
7. Go over the general directions with the whole group.
8. Be sure each group has marking pens and chart paper.
9. Allow the groups to work for 35 minutes.
10. Reconvene the group as a whole.
11. Ask presenters from each group to present their group's strategies.

Key Points

- Professionals need to understand the nature of the family system, the needs and competing responsibilities of family members. Professionals must take care not to undermine or upset the balance of the family system. (Think of the mobile metaphor here.)
- Each family has unique strengths, characteristics, and priorities. Relationships between parents and professionals must be flexible and supportive of family preferences, strengths, and culture.
- All families benefit from community support. (Think of the net metaphor here.)

III. WRAP-UP AND NEXT STEPS 5 minutes

Purpose: *To summarize the main points of the workshop, to introduce the next workshop, to give out practice/applications assignment, and to fill out evaluations.*

A. Summary

Purpose: *To summarize the main points of the workshop.*

Directions to Presenters

☞ **WII-H9** **WII-O6**

1. Place **Overhead WII-O6** on the overhead (Environments, Relationships, and Linkages).
2. Refer participants to **Handout WII-H9** (same as overhead).

Key Points

- Reiterate that a family-centered approach is a process that fits different programs.
- The three components of the approach focus on: 1) partnership relationships, 2) building community, and 3) linking families to community resources.
- The next workshop in the module discusses creating family-friendly schools.

B. Practice and Applications

Purpose: *To explain the practice and applications assignment.*

Directions to Presenters

1. Give out practice and applications assignment.
2. Ask participants to 1) practice identifying strengths in people and families; 2) to identify examples of the medical model and ecological model situations and approaches; 3) think of a time when they needed support. What support did they have? What was helpful, not helpful, and why?
3. Ask participants to fill out the evaluations.

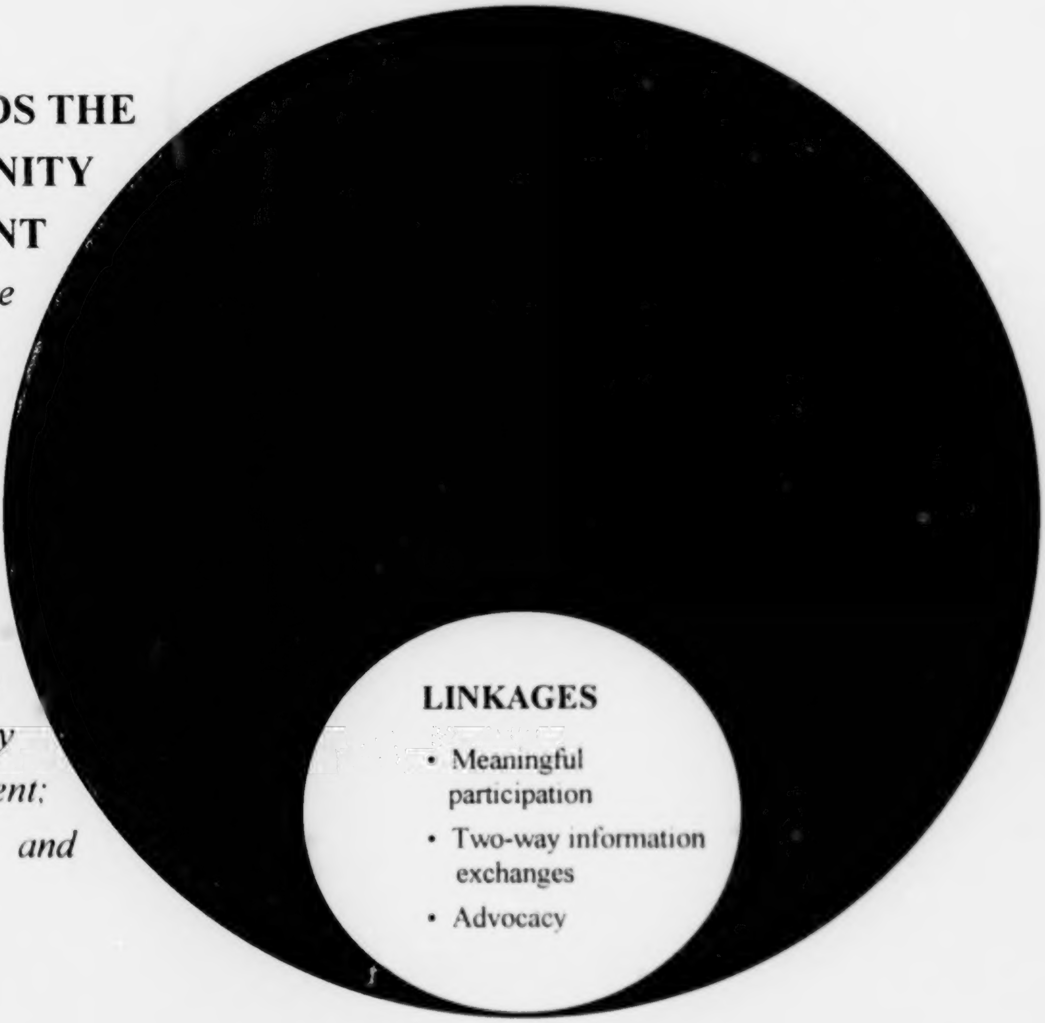
A FAMILY-CENTERED APPROACH . . .

CREATES HELPING AND PARTNERSHIP RELATIONSHIPS,

because families are supported and child development is enhanced through helping and partnership relationships:

BUILDS THE COMMUNITY ENVIRONMENT

because families gain information, resources, and support through their connections to the community environment; and



LINKAGES

- Meaningful participation
- Two-way information exchanges
- Advocacy

LINKS FAMILIES TO COMMUNITY RESOURCES

because participation, two-way information exchanges, and advocacy strengthens both the community support network and family functioning.

Northwest Regional Educational Laboratory
Child, Family, and Community Program

WII-III

A FAMILY-CENTERED APPROACH: KEY POINTS

- A family-centered approach is a process for working with families that can be utilized by all schools and social service agencies.

- A family-centered approach is not a set of particular practices. Rather, it is a way of doing business or a philosophy in which families are recognized as having unique strengths and values and are encouraged to be active participants in parent/ professional partnerships.

- Environments, relationships, and linkages are the key components of a family-centered, ecological approach.

- A key tenet of the ecological model is that the child must be viewed in the context of the family, the community, and larger society.

- All growth and development occurs within the context of relationships.

- Establishing and maintaining relationships between professionals and families is the focus of today's workshop.

CASE STUDY: RALPH AND EILEEN STREST

Ralph and Eileen Strest have three children: Phil, 13; Tina, 6; and Rachael, 2. Ralph is self-employed. His small computer business requires him to work long hours. He is often at work evenings and weekends. Some months, he can just barely meet the payroll. To supplement their income, Eileen works at the hospital as a clerk processing insurance claims. Her job is stressful -- long hours at a computer in a windowless room.

A neighbor watches Rachael all day and Tina after school. It's not a perfect arrangements. One day when Eileen came to get the kids, Rachael was playing with matches while the sitter talked on the phone. Rachael gets colds and ear infections frequently. The family's finances are tight and they have no health insurance. This is especially hard on Eileen because she only gets four sick leave days a year.. Eileen is always rushing, always shifting roles from worker to parent to cook and chauffeur. There isn't much time for just having fun with the kids.

Phil's transition to middle school has been hard on the family. He did well in elementary school, but this year, he just isn't motivated. He has started hanging out with some "tough" kids who think school is "dumb." His attitude about school has changed. In the last two months, he has brought home three citations for inappropriate behavior at school. His parents worry about how much unsupervised time he has after school. Eileen wishes Ralph could do more with the kids, especially Phil. Ralph cares deeply about the children, but his work keeps him preoccupied and stressed.

Six-year-old Tina is excited about school. Her teacher called recently to say Tina is not keeping up with the other kids in reading and may need extra help. She stressed how important it is for Tina's parents to spend time every day reading with her. Ralph says that's not his job, the school should teach Tina to read.

Eileen has worked hard to develop routines for getting the family work done. She has delegated many of the household chores to the kids and they seem to take pride in their contributions. In exchange for their help, the family plans a low cost outing every month or so.

With both of them working long hours and juggling the children, it seems like there is never any time for Ralph and Eileen to take care of themselves or their relationship. Ralph has gained 20 pounds. Eileen has to fight to find even a few minutes for herself. Any extra stress leads to arguments and hostile feelings about housework, the children, or money.

CASE STUDY: JOE AND MARY CASEY

Joe and Mary Casey are in their thirties and have been married for sixteen years. Joe, the son of a logger, was laid off two years ago from his job with a mining company. Mary has been trying to make ends meet by working as a nurse's aide in the local adult care facility during the day, and holding down a restaurant job at night. They have three children: Sally, age 17; Dick, age 15; and little Jane, age 4.

Joe is depressed about his inability to find meaningful work and drinks frequently. Ironically, his father's work situation has been a positive influence on Dick. He found part-time work mowing lawns in the summer and shoveling snow in the winter. His earnings are helping make ends meet and he is proud of his ability to contribute.

Mary grew up on an Indian reservation and has a large extended family. Her family lives nearby. The children make frequent trips to the reservation where they participate in the life of the tribe and its cultural activities.

Dick's teacher has sent home several notes saying that he is not progressing well due to what the teacher sees as a passive and non-participatory attitude toward group work. Mary doesn't respond to the notes. Her mother received the same notes when she was a child.

Although both parents are worried about Dick's poor school performance, their biggest concern is Sally. Sally has begun to spend more and more time with her peers and almost no time with her family. Mary is worried that Sally, like herself, will become a teen mother. Sally is already in trouble with the law for shoplifting. Sally and Mary used to be very close, but now it seems they never talk.

CASE STUDY: PAM YOUNGMOM

Adjusting to parenthood has been difficult for Pam Youngmom. She is 17 and has a two-month-old baby named Sam. Sam was born three weeks premature and under weight. Sometimes, he doesn't sleep or feed well, and Pam worries about what's the right thing to do. His jaundice should be checked frequently. Without a car, it's hard to make the appointments. Even so, Pam knows she can call the community health nurse and she does, frequently, for advice and reassurance. Pam wasn't sure about keeping her baby and Sam is difficult to care for. In spite of all the hard work, she loves him and wants to be a good mother.

Sam's father, Dan, is a 23-year-old construction worker. Dan has had only infrequent contact with Pam since she discovered she was pregnant. He agrees it is his child, but his job doesn't pay enough for him to contribute to child support.

Dropping out of school and not seeing her friends every day is hard. Pam had been a B student. Sometimes, Pam gets together with another teen mom. Pam worries about her future and how she will raise Sam. She is currently living on her own just scraping by on welfare support, food stamps, and WIC. She really wants to get her high school equivalency diploma. It's all a struggle. Just getting the baby's laundry done is a major undertaking without a washing machine.

Her married sister and parents live in town. Her parents were very disappointed when she got pregnant and had to drop out of school. They are willing to help with the baby sometimes, but they both work.

MEDICAL/DEFICIT MODEL ASSUMPTIONS

1. Individuals are treated at times of crisis.
2. Educators and/or human services agencies assess children's needs for specific services and design intervention strategies.
3. Great efforts are expended to discover, diagnose, and/or label the "problem."
4. Problems are distinct and are dealt with categorically by autonomous education and human services agencies.
5. Environment plays a limited role in determining ones' capacity to overcome and/or resolve problems.
6. Goals and a plan of action are determined for clients by agencies.

ECOLOGICAL/PARTNERSHIP MODEL ASSUMPTIONS

1. Programs are designed with a prevention focus.
2. Parents want what is best for their children; therefore, clients, educators, and social service workers share their expertise as partners to design the service plan.
3. Knowledge is shared -- and building trust is the foundation of successful family case plans.
4. The family is a system whose concerns must be dealt with through a comprehensive delivery system.
5. Individuals and their concerns do not exist in isolation; empowering environments are critical.
6. Family members participate in developing goals and a plan of action for themselves.

COMPARISON OF MEDICAL AND ECOLOGICAL MODELS

MEDICAL MODEL	ECOLOGICAL/ PARTNERSHIP MODEL
1. Crisis-oriented	1. Prevention/promotion approach
2. Professionals design intervention strategies	2. Professionals/parents share knowledge and design action plans
3. Diagnose and label problem (deficit approach)	3. Understand the family's perspective, build on family strengths and values
4. Problems are categorized, services fragmented	4. Services are comprehensive
5. Limited focus on environment	5. Focus on creating empowering environments

DEVELOPING A PARTNERSHIP MODEL

SELF-ASSESSMENT

Directions: Rate your school or agency on a scale of 1 to 5, with 5 being highest

1. Steps in active partnership development:

	1	2	3	4	5	
a.	☐	☐	☐	☐	☐	Positive and proactive
b.	☐	☐	☐	☐	☐	Takes time to develop rapport
c.	☐	☐	☐	☐	☐	Encourages two-way information exchanges
d.	☐	☐	☐	☐	☐	Acknowledges and values the expertise and knowledge of parents
e.	☐	☐	☐	☐	☐	Demonstrates openness and sharing
f.	☐	☐	☐	☐	☐	Demonstrates acceptance, support, and cooperative intentions

2. Kinds of activities:

	1	2	3	4	5	
a.	☐	☐	☐	☐	☐	Engages in joint learning activities
b.	☐	☐	☐	☐	☐	Supports each other in respective roles
c.	☐	☐	☐	☐	☐	Carries out activities and projects together
d.	☐	☐	☐	☐	☐	Collaborates using the parent's and professional's information
e.	☐	☐	☐	☐	☐	Participates in joint decisionmaking

3. Teachers and service providers build on family strengths and capacities:

	1	2	3	4	5	
a.	☐	☐	☐	☐	☐	Emphasizes the positive aspects of family functioning
b.	☐	☐	☐	☐	☐	Reframes problems as goals to be addressed

	1	2	3	4	5	
c.	☐	☐	☐	☐	☐	Offers information, resources, and support rather than solutions, causes, or blame
d.	☐	☐	☐	☐	☐	Models the attitude that "everyone knows something and no one knows everything"
e.	☐	☐	☐	☐	☐	Understands and respects the culture and background of families
f.	☐	☐	☐	☐	☐	Helps families to see growth and gives them credit for it
g.	☐	☐	☐	☐	☐	Promotes the family's competence

4. Teachers and service providers plan activities jointly with parents based on family-identified needs, goals, and priorities:

	1	2	3	4	5	
a.	☐	☐	☐	☐	☐	Keeps parents as the decisionmakers, trusts parents to decide what is best for them
b.	☐	☐	☐	☐	☐	Actively involves families in identifying their goals and priorities, as well as their needs and concerns.
c.	☐	☐	☐	☐	☐	Respects the family's culture, values, and style of functioning
d.	☐	☐	☐	☐	☐	Allows the family to make informed decisions by providing needed information and guidance
e.	☐	☐	☐	☐	☐	Works on the family's agenda first, prior to professional concerns
f.	☐	☐	☐	☐	☐	Actively involves families in locating and utilizing community resources
g.	☐	☐	☐	☐	☐	Advocates for the family

(Adapted from Dunst, 1988)

DIRECTIONS FOR A SMALL GROUP ACTIVITY

GENERAL DIRECTIONS:

Whether we are operating from an expert model or a partnership model, many of the ACTIVITIES in which we engage with parents are the same. What is different is the PROCESS used to accomplish the activities. The interaction and relationships between the professionals and parents for each model is different.

Your group's task is to describe how each of the following activities or elements of activities can be carried out using a partnership model. You should focus on the PROCESS of how the activity is conducted.

Here's an example -- the activity is to select a topic for a parent education class:

ACTIVITY	*PARTNERSHIP STRATEGIES*
Select topics for a parent education class.	*Use a process which asks parents to identify their areas of interest or concern.* *One strategy might be to say to parents, "If you could ask a parenting expert any question at all, what question would that be?"* *It would not be appropriate to decide the parents' "need" to know about "X" and then present it.*

Each group will create a chart like the one above, listing the activity on the left and the partnership strategies on the right.

GETTING STARTED:

*The first task your group will need to accomplish is selection of a recorder, a time keeper, and a presenter.

GROUP 1

GROUP THEME: Addressing a problem identified by the school.

FOCUS: One-to-one interactions between a parent and staff.

ACTIVITIES: Initial contact to communicate the problem to parents and set up the first meeting;

The first meeting and discussion;

Designing goals;

Designing strategies to meet goals.

GROUP 2

GROUP THEME: Sharing information with parents.

FOCUS: Conveying information to parents in a way which encourages and invites them to be partners in helping their children learn and develop.

ACTIVITIES: Conferences;
Support for learning at home.

GROUP 3

GROUP THEME: Helping parents acquire new skills and information about parenting.

FOCUS: How might each of the following be accomplished from a partnership perspective?

ACTIVITIES: Selecting topics;
Conducting group discussions;
Addressing parenting problems raised by the group.

A FAMILY-CENTERED APPROACH . . .

∇ BUILDS THE COMMUNITY ENVIRONMENT

because families gain information, resources, and support through their connections to the community environment.

(ENVIRONMENT)

∇ CREATES PARTNERSHIPS

∇ STRENGTHENS FAMILY FUNCTIONING

∇ PROVIDES FLEXIBLE, TAILORED, RESPECTFUL SUPPORT

because families are supported and child development is enhanced through helping and partnership relationships.

(RELATIONSHIPS)

∇ LINKS FAMILIES AND COMMUNITY SUPPORTS

because participation, two-way information exchanges, and advocacy strengthens both the community support network and family functioning.

(LINKAGES)

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The Parental Empowerment Process: Building on Family Strengths

by Moncrieff Cochran

"Empowerment" is a term very much in vogue in the United States at the moment, especially among "revisionist" thinkers and practitioners in the human services. What is empowerment? Is the concept new, or simply a rehash of old ideas? How might it be manifested in a workable program of family support? What basic challenges to standard practice in the delivery of human service programs are presented by the empowerment approach? The article which follows will begin with some discussion and a working definition of the empowerment concept. The principles embodied in the concept will then be illustrated by the use of a case study, a program of support for young families called Family Matters. Following presentation of the case study there will be a systematic effort to measure the program against specific criteria contained within the definition of empowerment. The article will conclude with a discussion of several issues raised by the Family Matters example that have special significance for those who would apply the social sciences in the service of individuals, local communities, and the larger society.

The Empowerment Concept

While no comprehensive attempt to trace its roots has yet been undertaken, the concept of empowerment appears to have emerged in the United States during the early 1970s in response to the social and economic power struggles of the previous decade. With such lineage it can be assumed that political ideology played a part in shaping the meaning of the concept. In that context, it is interesting to note that the term empowerment has been used in the past decade by thinkers on the political right (Berger and Neuhaus, 1977) as well as the left (Freire, 1973; Solomon, 1976). This breadth of utility can be thought of as testament both to its possible significance and its lack of clear definition.

Comparison of various efforts to define empowerment reveal both similarities and differences. One commonality is an underlying assumption — not shared by traditional human service providers — that individuals understand their own needs better than others are able to understand them (Berger and Neuhaus, 1977; Cochran and Woolever, 1983; Rappoport, 1981; Whitham, 1982). Implied in this assumption is another shared element in these conceptualizations; that the individual should have the power both to define her own needs and to act upon that understanding (see also Baker-Miller, 1982).

Differences in definition involve whether empowerment is a state or a process, and whether empowerment as a process involves only change in individuals and mediating structures or also in controlling structures. Berger and Neuhaus (1977) imply — the title of their book notwithstanding — that individuals are more or less empowered, as if empowerment were a state, like anger or wealth. Other authors refer quite explicitly to empowerment as a process. Baker-Miller says that to empower is to foster growth in others. Cochran and Woolever refer repeatedly to a process, and suggest that it may contain a predictable series of identifiable steps. Rappoport introduces the term "collaboration" to describe the nature of involvement by the helping professions in the process of empowering others. Whitham begins with the process involved in Freire's largely cognitive concept of "critical reflection," and extends it to include the interpersonal processes which provide the conditions for such reflective appraisal.

Those defining empowerment as a process are themselves in some disagreement over which unit(s) of society should be the focus of efforts to empower. Baker-Miller and Rappoport have the individual as their focus, although Rappoport is also concerned with the part played by the helping professional in the process. Cochran and Woolever are also concerned with a process involving changes in individuals, but include as change agents in that process paraprofessionals and informal peer support groups.

Whitham gives special emphasis to the interpersonal aspect of empowerment, arguing that the collective dimension permits individuals to risk change and insures that structural changes in institutions and organizations retain human dimensions. Berger and Neuhaus focus on what they call "mediating structures" — family, neighborhood, church, voluntary association — arguing that these "are the principal expressions of the real values and the real needs of people in our society (p. 7.)." They propose that these structures will, if empowered by the public policies of society, in turn empower the individuals embraced within them.

Donald Barr, whose principal interest is in the politics of power and human services, proposes that the empowerment process give special attention to knowledge about power as it relates to the controlling structures in society; schooling and employment in particular (Barr, Cochran, Riley and Whitham, 1984). One implication to be drawn from Barr's concern with key controlling institutions is that the empowerment process could include, or even emphasize, efforts to alter power relationships between those governed by and governing such institutions, on behalf of more equal distribution of power in the community as a whole.

Virginia Vanderslice has recently (1984) presented an evolving definition of empowerment which takes into account the writings of those referenced earlier in this article. She refers to empowerment "as a process through which people become more able to influence those people and organizations that effect their lives and the lives of those they care about (p. 2.)." In addition to the assumptions common to all those working with the empowerment concept Vanderslice stresses as a goal the making of "meaningful changes in institutions," and argues that in order for such a goal to be reached the empowerment process must include people working together on behalf of something greater than themselves as individuals.

Vanderslice refers to empowerment as a developmental process, and even identifies some steps in that process. Yet empowerment must involve more than the normal course of development if it is to make a unique contribution to practice in psychology and improvement in the human condition. What distinguishes the empowerment process from other processes engaged in by individuals during the normal course of living?

Developmentalists are interested in understanding how individuals proceed from one developmental stage or phase to another, and what changes occur throughout this life course. Those involved with the empowerment process assume that development occurs, but recognize and systematically acknowledge those obstacles to development which operate outside the spheres of influence of the developing individual. Such obstacles include social class structure, structural differentiations by race and gender, and perhaps even the influences of bureaucratization upon individuals and groups. An entire "school" of theorists emerged during the 1970s and 80s around the general thesis that schools and workplaces are organized to maintain power differentials based upon historically and physiologically defined differences in class, gender, and race (see for example, Willis, 1983 and Anyon, 1980). For individuals assigned less value by those criteria, the unequal distribution of resources based upon such discrimination represents an obstacle that stands in the way of full development throughout the life span.

Developmental psychologists do not, as a rule, give such impediments to development a central place in their inquiries. They are more likely to "control them away." The proposition offered here is that such obstacles are indeed central to the empowerment concept, although not always explicitly acknowledged as such. The proposal is that empowerment only becomes germane to the developing individual when barriers to the normal course of development are encountered, the removal of which are beyond the present or future capacity of that person as an individual. These obstacles are the raison d'etre of the empowerment process, and therefore progress in overcoming them must be seen as the basic purpose underlying that process.

Useful for understanding the concept of empowerment in this context is the theory of "resistance," which "celebrates a dialectical notion of human agency that rightly portrays domination as a process that is neither static or complete (Giroux, 1983, p.289)." Giroux argues that in all societies where structural inequities exist there is resistance to those structures. It follows that the empowerment process must, to be complete, provide an outlet for those energies of resistance in the service of overcoming obstacles to the realization of full developmental potential.

The case study in the next section can be used to identify some of the implementing issues and programmatic challenges involved in applying the empowerment concept at the local community level. The reader needs criteria with which to judge the success of the empowerment process described in the case study. As a way of establishing those standards, the following definition of empowerment has been distilled from the previous discussion:

> **Empowerment — an interactive process involving mutual respect and critical reflection through which both people and controlling institutions are changed in ways which provide those people with greater influence over individuals and institutions which are in some way impeding their efforts to achieve equal status in society, for themselves and those they care about.**

A Case Study: The Family Matters Program

In 1976 three Cornell University professors, Urie Bronfenbrenner, William E. Cross Jr., and the author, set out together to study "the capacity of urban American environments to serve as support systems to parents and other adults directly involved in the care, upbringing, and education of children (Bronfenbrenner and Cochran, 1976)." They wished to include as part of that study the development and testing of a modest set of supports for families with young children. While at that time empowerment had not evolved as a unified concept, these thinkers were aware that they wished to develop a program designed as a clear alternative to what they viewed as the "deficit model" characterizing most social programs for individuals and families in American society. The assumptions, goals, and workings of the home-visiting and cluster-building program which emerged over the five years of the project, and the ecological orientation which framed the undertaking, provide the material for this case study.

The study involved 276 families in the city of Syracuse, New York. Each family contained a three-year-old child. The families were evenly distributed among 18 Syracuse neighborhoods, and family incomes ranged (in 1978) from about $5,000 to $50,000 per year. About one-third of the families were Afro-American, and one-third were single parent families.

The families in ten of the 18 project neighborhoods, 160 in all, were offered the family support program. The control group consisted of the families in the remaining eight neighborhoods. Prior to program assignment the parents in all 276 families participated in a series of in-depth interviews, which provided demographic data, perceptions and descriptions of the neighborhood, world of work, and personal social networks, perceptions of family members, and descriptions of the child's daily activities. These data constituted the baseline phase of an evaluation strategy designed to provide information about the impact of the Family Matters program upon the performance of children in school. Since then, the program has been completed and follow-up data collected. The measures used for collection of that follow-up information paralleled those administered at baseline, but also included additional information about children's school performance and contact between home and school.

What was the conceptual basis from which we approached the tasks of examining family stresses and supports, and the development of a family supports program? The ecological perspective takes as its starting point the view that human behavior is explained not only by the biological characteristics of the individual and the influences associated with the immediate setting containing that person, but also by those external settings that have indirect impact through their effects upon the mental health and general well-being of the individual (for example, the legal system, welfare system, system of governance).

Thus, growth is conceived as a series of encounters *across* as well as *within* ecological systems that both include and are external to the home environment. One can imagine a set of concentric circles, with the family at its center (Bronfenbrenner, 1979). Each circle represents an ecological system. From this perspective, interest in development extends beyond, for instance, parent-child or husband-wife relations in the center circle. The goal is to learn about how the developing person transitions into and out of involvement with systems beyond the immediate family, and how these larger systems might support or impede those transitions. One such encounter, the transition from home to school, is a major event in the life of a child and was one of the major focuses of our family support program.

Although the ecological framework incorporates a number of systems through which human behavior may be influenced (mass media, education, employment, etc.), one such system has characteristics that combine to provide it with a special potential for mediating between forces more distant from the family and the relationship between parent and child. The personal social network provides every parent with social links to others outside the home who can provide a variety of supportive services to both parent and child (Cochran and Brassard, 1979; Cochran, Gunnarsson, Grabe, and Lewis, 1984; Fischer, 1982; McLanahan, Widemeyer, and Adelberg, 1981; Riley and Cochran, 1985; Wellman, 1981). These relationships may serve as bridges to other major ecological contexts, like the school and the world of work.

Program Assumptions and Goals

Five assumptions beyond these implicit in the ecological perspective had discernable impact upon the goals and design of the Family Matters program. First, there was the conviction that all families have *some* strengths, an assumption that ran counter to the deficit perspective which is one of the basic tenets of service provision in the United States (Grubb and Lazarson, 1982). From this deficiency perspective has come the requirement that one clearly demonstrate inadequacy or incompetence before becoming eligible for community-based, family-focused programs. This perspective has led, in turn, to the "blame the victim" syndrome in which the poor or unemployed person is viewed as the instigator of the very circumstances that he or she is enduring (Ryan, 1971).

A second assumption central to the Family Matters approach was that much of the most valid and useful knowledge about the rearing of children is lodged among the people — across generations, in the networks, and in the historically and culturally rooted folkways of ethnic and cultural traditions, rather than in the heads

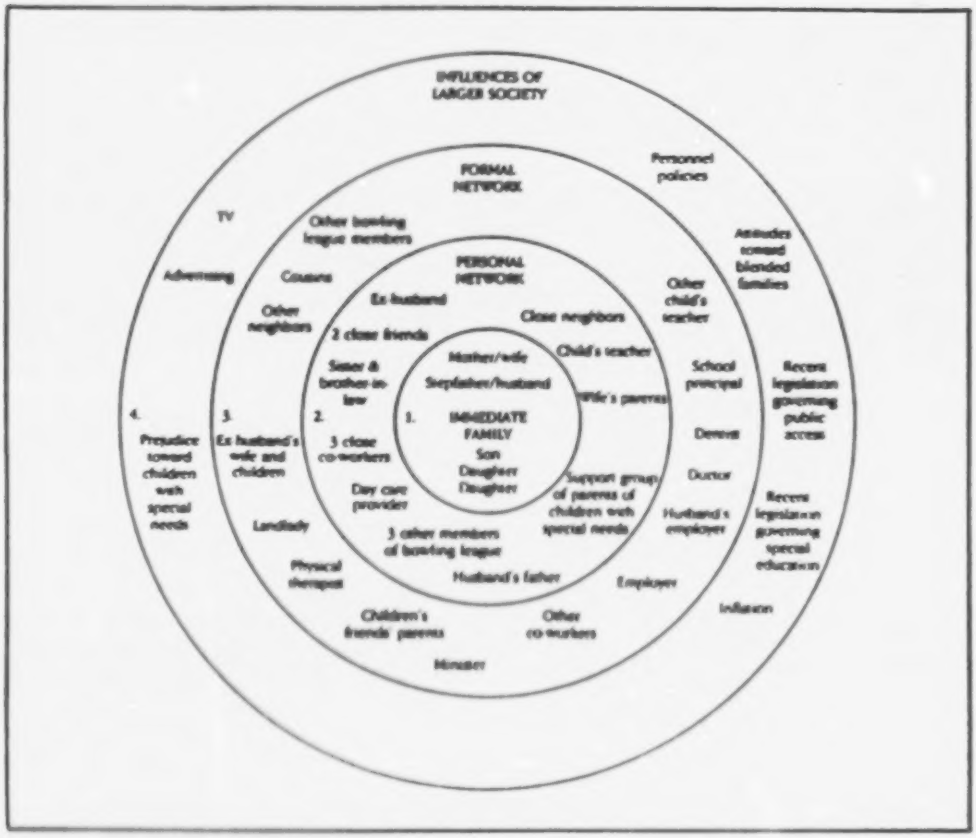

Figure 1 shows a model that maps the interrelationships between families and their social networks.

of college professors, trained professionals, or books written by experts. This did not mean that individuals necessarily knew all they needed to know in order to raise children successfully. It did imply that a given parent knew more about her or his child than anyone coming in from outside the family, except perhaps a close relative or friend, and in that sense parents were experts.

A third premise was that a variety of family forms are not only in operation but are also legitimate, and could promote the development of both healthy children and healthy adults. The factor determining the capacity to rear a child successfully appeared to be not personal or family characteristics per se, but rather the number and types of resources that parents could marshal and bring to bear upon the child-rearing process (Keniston, 1977). Thus, one very important goal for this project was to understand better what really constitute "resources," and how different types of supports and stresses interact to make parenting easier or more difficult.

Just as mothers contribute to the strength of the family unit through work for pay outside the home, so fathers can help by playing an active role in activities with the child and in household tasks. This fourth assumption was buttressed by recent research documenting the contribution made by fathers to child development (Lamb, 1976).

The final assumption underlying development of the program was that cultural differences are both valid and valuable. Assuming that families have strengths, and that the parental knowledge, which is the basis for those strengths, is rooted in historical and social traditions and rituals, then there must be value in the cultural and ethnic heritages that embrace those traditions and rituals.

The goals of the program were all related broadly to the parenting role, and ranged from simple engagement and awareness to more active initiation and follow-through. In the first instance, the aim was to find ways to recognize parents as experts. Another goal was to exchange information with family members about children, the neighborhood, community services, schools, and work. The emphasis on the exchange rather than the dispensing of such information reflected our aversion for the deficit approach and our assumption that much of the important knowledge is "out there."

Reinforcement of and encouragement for parent-child activities was a third goal of the program. A fourth goal involved social change beyond rather than within the immediate family: the exchange of informal resources like babysitting, child-rearing advice, and emotional support with neighbors and other friends. Finally, there was a desire to facilitate social action where parents deemed such action appropriate. A neighborhood-based community development process was invisioned, in which needs assessments carried out by the parents of young children would lead to the identification of issues of common concern, and to change efforts related to those issues.

Program Processes

Initially, two separate approaches were used to involve families in activities related to their children. One, a home visiting approach, was aimed at individual families and made available to all participating families in five of the program neighborhoods. Families in the other five neighborhoods were asked to become involved in group activities with clusters of other Family Matters families in their own neighborhoods, in an effort to emphasize mutual support and cooperation, with family dynamics and the parent-child dyad as a secondary (although still explicitly acknowledged) focus. While methods were used to encourage participation by eligible families (cards and letters, home visits, telephone calls, newsletters), attendance was not required, and the participants themselves ultimately determined their own individual levels of particepation. Families were involved with program activities for an average of 26 months, and the program itself came to a close early in the summer prior to first grade entry for most of the target children included in the study.

The home and family-focused strategy took the form of home visits with parents and their children, designed to give recognition to the parenting role, reinforce and enrich parent-child activities, and share information about child care and community services. Paraprofessionals hired from the Syracuse community were trained to exchange information about childrearing with parents and, when appropriate, to provide examples of parent-child activities geared to the developmental age of the child. The starting point was to be with the parents as experts about their own children, and so early home visits were spent learning the parents' view of the child and seeking out examples of activities that were already being carried out with the child and defined by the parent as important to the child's development. While these interactions between worker and parent involved both participants in the process of defining success and importance, every effort was made to emphasize the parents' definition whenever possible.

Once parents began to sense that the workers were serious in valuing the parental point of view, they identified a wide variety of activities that they were doing with their children that they felt made a difference both to parent and child. Our workers brought such activity examples back to the office, wrote them up in a standard format, and returned them to the parent along with a request that other project workers be permitted to share the activity idea with other families in the program. This process accomplished two goals: first, it further recognized the parent as important and productive, and second, it was a way of gathering parent-child activity information *from* parents and *for* parents, rather than relying upon the "professional as expert" model, which many of our parents had come to expect from outside agents.

As time passed and a strong trust relationship was forged between home visitor and family, some parents began to ask for information beyond parent-child activities. This included requests for information about other families in the neighborhood who were themselves particepants in the program. This pressure pushed us to consider permitting (or not preventing) clustering in "home visiting" neighborhoods.

In the cluster-building neighborhoods the goals were to reduce feelings of isolation by bringing families together at the neighborhood level, to encourage the sharing of information and informally available resources among families, and, when parents voiced a need to have changes made in the neighborhood, to facilitate action in pursuit of those changes. The initial home visits in the five cluster-building neighborhoods were limited to a process whereby worker and family got to know each other and the worker could learn how the parents felt about the neighborhood as a place to bring up children.

After this relatively brief initial period of familiarization with individual families, the worker set out to arrange a first group meeting, the purpose of which was to introduce neighboring families to one another in a friendly and supportive atmosphere, and begin to get a sense from the group of what changes in the neighborhood might contribute to making life easier for families with children living there. Child care was provided at all Family Matters gatherings, and parents were encouraged to bring their children with them. There was always time for parents to socialize with each other, and the worker/facilitator also looked for ways to encourage participants to utilize each other as resources outside the regular group.

The desire by home-visited parents to move beyond the ecological limits of the immediate family for contact with neighbors placed workers in the difficult position of having to resist the constructive initiatives of the parents in order to prevent performance of the children in the project.

Mothers Perceptions of Themselves as Parents

Mothers were asked what they liked and disliked about themselves as parents, and to rate their own performance on a seven point scale. Findings indicate that the program did affect parental perceptions. This was especially the case for white single mothers, whose control group scores were especially low, and black married mothers, whose control group had unusually high scores. The program appeared to raise the lower perceptions of the Caucasian mothers to a reasonable level, and somewhat reduce the unusually positive self-perceptions of the Afro-American mothers. The lower program perceptions in the latter instance should not be thought of as negative. The scores of the black women in the program were still well on the positive side of the scale, and so might perhaps be thought of as somewhat more realistic than those unusually positive feelings in the control group.

Changes in Mothers' Social Networks

The term social network refers to those relatives, friends, and neighbors who parents feel make a real difference in how they live their lives and raise their children. Family Matters parents were kind enough to discuss those relationships during a social networks interview, and from that information social maps were constructed for each of them. The maps were divided into three social zones based upon how deeply involved network members were with the mother. Those most distant were placed on the periphery, those more involved were put in the functional zone, and those described by the mother as "most important" were put in her "primary circle." Interest was in the size of the networks, the activities going on with network members, whether the network is dominated by relatives or nonrelatives, and whether the relationships are supportive or stressful. Because distinctions by race and family structure proved to be so crucial to an understanding of the data, this summary is framed in those terms.

Unmarried mothers — The findings indicate that single mothers were especially responsive in network terms to program involvement. White, unmarried mothers in the program reported a greater increase in the number of nonrelatives in their networks, overall and at both the functional and primary levels, than did their control group equivalents. A closer look at the content of exchanges revealed involvement with larger numbers of people around borrowing, work-related and emotional support, always with non-kin. At the primary level, change mostly consisted of the addition of nonrelatives nowhere present in the network three years earlier. With black unmarried mothers, the increase in new primary membership due to the program was also significant, but differed from that of single whites in that it was almost as likely to include relatives as nonrelatives. This reflected a more general tendency by black than by white women to rely upon kinship ties.

Married mothers — With married women, program effects were much less pervasive than for single mothers, and were confined to relations with kin. In the case of married, Afro-American women there was an increase at follow-up in the number of relatives reported in the primary network, many of whom were people not included in the network at any level three years earlier. White married mothers involved with the program reported a decrease in overall network size in comparison with the appropriate controls. But this decrease was limited to nonrelatives, and it was balanced at the primary level of the network by an increase in kinfolk.

It is safe to conclude from these findings that the patterns of change in network resources were not simple. Mothers in certain social-ecological circumstances were affected more than those in others, and the aspects of network structure manico-mingling with the cluster-building approach. And there was also another indication that the combination might work better than individual elements, which manifested itself in the cluster-building neighborhoods. Only about half of the invited families in those neighborhoods could be coaxed out of their homes and into group activities.

Based upon these two sources of programmatic tension, active social initiation by some home-visited parents and passive resistance by parents uninterested in neighborhood clustering, the decision was made after nine months to merge the two approaches. One consequence of access to both components of the newly integrated program was an increase in overall program participation. Initially, this increase took the form of more home visits, mainly to families who previously had been offered only the neighborhood linking alternative. This development was viewed as an indication that a trust-building process conducted within the security of their own homes was required before some parents would seriously consider venturing out into neighborhood oriented cluster group activities. With more time came involvement by more families in clusters and groups, and some participated simultaneously in both home visiting and neighborhood-based group activities.

As the children associated with the program grew older and approached the age of entry into kindergarten and first grade, increased emphasis was also placed on programming related to the transition from home to school. The focus of these activities, prepared for delivery in both home-visiting and cluster-grouping formats, included topics like the value orientations of home and school, how to evaluate kindergarten and first grade classrooms, preparation for a parent-teacher conference, understanding the child's report card, and parent-child activities for school readiness. The emphasis in each of the activities continued to be on the parent as the most important adult in the life of the developing child.

The Effects of Family Matters

More than two years were spent by neighborhood workers in regular contact with 160 families, helping parents identify their strengths and their needs, and work toward improvement in their life circumstances. What had begun as an effort to better understand parental stresses and supports was increasingly being referred to as empowerment by program's end. What did we mean by the term "empowerment" at that juncture? First, there was the sense that empowerment was a process rather than an end state. Parents didn't "achieve empowerment"; rather they changed over time in what appeared to be systematic ways. Second, there was anecdotal evidence of what seemed to be steps or stages in the process of change. The initial step appeared to involve change in perception of self; some of the mothers who, when first visited, viewed themselves quite negatively showed signs over time of beginning to believe in and care for themselves.

Another step seemed to involve new efforts to reach out to spouse and child, and also to relatives, neighbors, and friends outside the family. A later step involved social action on behalf of the child. A number of neighborhood groups were formed around plans for neighborhood improvement, and some parents got involved with the schools their first-graders were attending. Thus, there appeared to be several different aspects of empowerment, beginning with an individual's view of herself and progressing through relations with nearby others to interactions with more distant organizations and institutions.

When the time came to evaluate the effects of the empowerment program, the task was carried out with this emergent process in mind. Consequently, findings in three areas will be reported; mothers' feelings about themselves, their relations with relatives and friends, and their contacts with the school of the six-year-old child. There will also be brief mention of how the program affected the school festing change were also influenced by those "niches."

Contacts Between Home and School

Communications between home and school, which were initially of interest for understanding the child's transition into the school setting, could also be thought of as reflecting a step in the empowerment process. Here, the development is a willingness to interact on behalf of the child with institutions somewhat distant ecologically from the family. A parent interview and a teacher questionnaire were used to generate data about the frequency with which parents and teachers were in contact via conferences, notes, and telephone calls.

The most powerful finding to emerge from examination of these parent-teacher contacts was that communications of any kind were contingent upon the perception of the child as having a school-related difficulty. Only children having trouble were accompanied by any appreciable communications between home and school, and only under those circumstances were contacts greater for program than control group families. On the one hand, we were not surprised by the fact that negative perceptions of child performance proved to be a pre-condition for home-school communications. On the other, we were disappointed by the inability of our family support program to have an impact in the absence of this deficit orientation. The reward for that 64 percent of our families whose children were "doing fine" in school was that they received significantly fewer notes, telephone calls, or conference invitations from the teacher.

The Child's Performance in First Grade

Performance in first grade was assessed with the use of a questionnaire completed by the child's teacher, from which were distilled variables called personal adjustment, interpersonal peer relations, relationship to teacher, cognitive motivation, and average report card score (cognitive). Analyses of these data indicated that involvement with the program did indeed have a positive impact upon children's school performance, but that this impact was limited to certain kinds of families. A direct, positive impact was found for the children of married couples whose parents had a high school education or less. There was also a positive impact for the children with only one parent living at home, but only when accompanied by other changes, such as increases in non-kin at the primary network level, higher perceptions of self as parent (whites), and joint parent-child activities involving household chores (blacks). A feature common to all of the children for which positive school effects were found was their families' relatively less advantageous positions in the social structure. Positive school outcomes associated with the family support program were indicated for those children with less educated parents, including some two-parent and most one-parent families.

Did Family Matters Empower Parents?

The Family Matters program espoused a number of specific goals that ranged from the provision of positive recognition of parents to facilitating their efforts at social action. There is evidence to indicate that a number of these changes occurred for a good many of the parents in the program. But can it really be said that these families were engaged in an empowerment process? To address this question, it is useful to return to the definition of empowerment provided earlier, and test what is known about Family Matters against the criteria contained within it.

Figure 2 provides an overview of the success with which the Family Matters program met the empowerment criteria posed in the earlier definition.

Seven empowerment criteria were drawn from the earlier definition and are reflected in Figure 2. The first requirement, that social interaction play a central role, was fulfilled at the one-to-one level

Fully	Partially	Not At All
Interactive (home visitors)	Exchange with peers	
Process	Critical reflection	
Mutual respect		
Change in participants		Change in controlling institutions
Greater influence by child	Greater influence by adult	

Figure 2. Degree to which Family Matters met empowerment criteria.

through regular involvement of the paraprofessional home visitors. However, only certain families participated in the neighborhood-based peer cluster groups, and so the program was only partially successful at the broader social level.

Family Matters was unusually successful at documenting the extent to which empowerment-related change took place on a process continuum. Evaluation of program effects suggests that individual parents entered into transactions with the program at different points in their own involvement with the empowerment process, and so were affected by the program in different ways. Mothers with very low self-regard seemed to begin with changes at that level and then proceed in the direction of relations with family and network members. Women and men already confident about their own self-worth and secure in relations with others were more likely to move more quickly into individual or group actions involving neighborhood or school. Thus, our strong hypothesis is that empowerment is a process that involves a series of changes, the order of which is rather invariant.

The issue of insuring that a high level of respect was accorded the families participating in the program was addressed squarely by Family Matters, as the case study description indicates, and the result was a great deal of trust and respect accorded the neighborhood workers in return. This aspect of service provision — identifying and building upon existing family strengths — was absolutely indispensable, and its importance cannot be emphasized enough.

Much less clear was how much the interactive processes sponsored by Family Matters encouraged parents to engage in "critical reflection." Freire (1978) says of critical reflection that "groups take their own daily lives as the objects of their own reflection in a process of this nature. They are required to stand at a distance from the daily lives in which they are generally immersed and to which they often attribute an aura of permanence. Only at a distance can they get a perspective that permits them to emerge from that daily routine and begin their own independent development (pp. 56-57)." Certainly some of the parents in the program engaged in this process at one time or another. But neighborhood workers were not systematically exposed by the program director to the importance of such a process, nor were they taught skills with which to introduce or maintain critical reflection through home visits or cluster group meetings. For that reason critical reflection is shown in

Figure 2 as a criterion only partially met by the Family Matters program.

Criteria five and six from the empowerment definition stipulated that "both people and controlling institutions are changed" by involvement in the empowerment process. Data bearing upon changes in the "people" were presented as part of the case study. They indicated that changes did in fact occur in some participants' perceptions of themselves, in their relations with network members, and under certain circumstances in their communications with the schools attended by their children.

Those data also suggest that prevailing ideologies compete with efforts to initiate new relationships with "controlling institutions." Parents did not respond to encouragement for (and practice in) increased contact with the schools of their children until those children were defined as "having difficulty." Parent involvement in the normal course of events was not a part of the ideologies of either parents or schools. And Family Matters workers did not become directly involved with the schools with the aim of changing the attitudes of teachers or school administrators. One can conclude then that the Family Matters program did not attempt to bring about changes in the relevant school systems as part of its effort to provide families with support, and so it did not meet that criterion. It is worth noting that the idea was raised as a support strategy by program staff, but was vetoed by one of the funding sources underwriting the project. More recently a home-school communications inservice program for elementary school teachers has been developed and pilot-tested by Family Matters (Dean, 1984), and is now receiving nationwide distribution.

The final criterion contained in the definition of empowerment was that the process "provide...people with greater influence over individuals and institutions...impeding their efforts to achieve equal status...." Evidence was presented earlier to indicate that a number of the children who had been a part of the program were performing better in school than their control counterparts, and that these tended to be those children with relatively less educated parents. Such children would normally be thought of as at risk in their efforts "to achieve equal status," and so there are grounds for arguing that the program fulfilled that criterion for these children. However, little attention was paid by those assessing the program to whether participating parents could show evidence of being better able to influence key individuals (bosses, local politicians, teachers) or institutions (school, city government, human services). While there is some anecdotal evidence to suggest that such changes did occur in individual cases, no baseline measures of such behavior were gathered at the outset, indicating that those designing the program had not given high priority to that sort of impact.

Perhaps the most accurate conclusion to draw about Family Matters as a program of empowerment is that it was incomplete. While rather successful at interacting respectfully with families, and changing certain attitudes and even behaviors of some of those constrained by socioeconomic circumstances, the program was only partially able to stimulate peer interaction and critical reflection, and failed to address the question of changing the balance of power between families and controlling institutions.

Who Shall Define My Needs?

The Family Matters example has served as a useful device for applying largely theoretical definitions of empowerment to practice in the real world. The Family Matters approach also raises several other issues for practice which, while related to empowerment, deserve attention in their own right. One of those issues involves the question of how needs are determined and to whom services are provided. The preponderance of the evidence from evaluation of the Family Matters program indicates that families with fewer resources, who are, in general, experiencing higher levels of stress, are more likely to show significant positive changes along the empowerment continuum than those richer in personal resources. This general finding held for both parents and children in the program families. The greatest changes were seen in black and the single-parent families, which together made up about 45 percent of the program sample.

If it is possible to predict with some certainty which families will show the most positive effects from program participation, why not limit eligibility to such families? Surely it would be possible to identify target families in which parents are relatively uneducated, with low opinions of themselves and small support networks?

This client-oriented, categorical approach to program eligibility and delivery is typical of human services in the United States. Experiences with Family Matters strongly suggest that it is self-defeating, primarily for two reasons. First, the approach attaches a stigma to the service. Potential consumers immediately realize that being associated with it means they must accept an arbitrary, public definition of themselves as insufficient. Those with self-respect stay away from such a service, and those who do not enlist begin by being put down rather than uplifted. Second, such labeling takes the responsibility for identification of needs away from the consumer and places it fully in the hands of the provider, shifting the consumer's role from active partner to passive recipient. This shift makes no psychological sense, if the ultimate goal is to foster independent, self-supporting individuals and families.

It is not surprising, given these concerns, that those committed to providing empowering opportunities for individuals and groups favor a universal entitlement approach to such services. The thought of neighborhood workers being made available as supports to all families with young children carries with it visions of great expense in salaries and transportation. In fact, there is reason to believe that supports of the sort offered by Family Matters could be made universally available to families on a relatively cost-effective basis. Clues to a possible strategy for cost containment are to be found in data regarding use of the several program options offered Family Matters families. Cluster groups, which had a relatively low per-family cost, were most appealing to families outside the center city, where there was little fear of violence in the neighborhood and neighbors were perceived as benign or supportive. The home visiting option, which involved much higher per-family cost to the service provider, was most attractive to families in inner-city neighborhoods, who were likely to be afraid to venture out to night meetings, and were often suspicious of their neighbors.

Thus, it was possible, within the same overall program, to provide different amounts of support to families expressing varying amounts and types of need, and differing personal and family circumstances. The expense of making repeated home visits to that relatively small number of families expressing high need would be balanced by a far greater number of families interested in only one or two initial visits and then monthly meetings with other parents. In this way, middle resource families could be included in the service at little added cost, while at the same time providing the benefit that a stigma-free program would bring to those with high need and low self-regard. And if, as is proposed, a non-judgmental approach to eligibility produces more rapid movement toward independent action and away from dependence, then it would also shorten the overall duration of the home-visitor service required by the person with high initial need, and so further reduce the long-term, per-family cost of the service.

Standardization vs. Respect for Differences

It must be obvious by now to the reader that there are a number of good psychological reasons for making a program available to families that offers them differing ways of becoming involved. This approach respects the diverse background characteristics, strengths, and needs that families exhibit, and it places the responsibility for defining those needs and identifying appropriate supports squarely in the hands of the consumer. But there are other forces which favor fewer options and greater standardization of offerings. Not the least of these is the rush to document effects; to provide quantitative evidence of impact. One can argue persuasively that in order to clearly understand how families in differing life circumstances respond to a service, the input from workers to families should vary as little as possible from one family to the next. In that way, these critics argue, it is possible to avoid the claim that differences in the responses of families to the service are attributable to variations in the supports provided, rather than to differences among the families themselves.

From the Family Matters perspective, this kind of thinking reflects misplaced priorities. The future emphasis in research and evaluation related to programming for families should not be on demonstrating that families differ along a number of dimensions, but in showing how supports tailored to reflect those differences are helpful to different kinds of families in different ways. Differences in families are obvious. In the Family Matters sample there was an Irish neighborhood, a middle-income black neighborhood, a white-collar suburb, a blue-collar suburb, and a public housing tract. Within neighborhoods, 30 percent of the parents were not married; some lived with one or more children, others lived with a boyfriend, and still others lived with their own parents.

In some of the families the three-year-old was the first, or even the only, child; in others, there were teenagers whose needs, from the parents' perspective, outweighed those of the pre-schooler. Employment patterns in the sample varied tremendously: two parents, one working full-time and the other half-time; two parents, both working full-time; two parents, one working one and a half jobs and the other at home; one parent, working full-time, or half-time, or unemployed.

These differences were easy to identify, and their effects upon parental perceptions and expectations became increasingly obvious as time spent with families increased. The challenge was to find ways in which to provide supports that respected those differences, and then to evaluate the impact of a program which delivered differing services to different kinds of families. That challenge must be met by anyone committed to providing support for families from an empowerment perspective.

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School/Family/Community Partnerships

Caring for the Children We Share

Ms. Epstein summarizes the theory, framework, and guidelines that can assist schools in building partnerships.

By Joyce L. Epstein

THE WAY schools care about children is reflected in the way schools care about the children's families. If educators view children simply as *students*, they are likely to see the family as separate from the school. That is, the family is expected to do its job and leave the education of children to the schools. If educators view students as *children*, they are likely to see both the family and the community as partners with the school in children's education and development. Partners recognize their shared interests in and responsibilities for children, and they work together to create better programs and opportunities for students.

There are many reasons for developing school, family, and community partnerships. They can improve school programs and school climate, provide family services and support, increase parents' skills and leadership, connect families with others in the school and in the community, and help teachers with their work. However, the main reason to create such partnerships is to help all youngsters succeed in school and in later life. When parents, teachers, students, and others view one another as partners in education, a caring community forms around students and begins its work.

What do successful partnership programs look like? How can practices be effectively designed and implemented? What are the results of better communications, interactions, and exchanges across these three important contexts? These questions have challenged research and practice, creating an interdisciplinary field of inquiry into school, family, and community partnerships with "caring" as a core concept.

The field has been strengthened by supporting federal, state, and local policies. For example, the Goals 2000 legislation sets partnerships as a voluntary national goal for all schools; Title I specifies and mandates programs and practices of partnership in order for schools to qualify for or maintain funding. Many states and districts have developed or are preparing policies to guide schools in creating more systematic connections with families and

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Illustration by Loren Long

communities. These policies reflect research results and the prior successes of leading educators who have shown that these goals are attainable.

Underlying these policies and programs are a theory of how social organizations connect; a framework of the basic components of school, family, and community partnerships for children's learning; a growing literature on the positive and negative results of these connections for students, families, and schools; and an understanding of how to organize good programs. In this article I summarize the theory, framework, and guidelines that have assisted the schools in our research projects in building partnerships and that should help any elementary, middle, or high school to take similar steps.

Overlapping Spheres of Influence: Understanding The Theory

Schools make choices. They might conduct only a few communications and interactions with families and communities, keeping the three spheres of influence that directly affect student learning and development relatively separate. Or they might conduct many high-quality communications and interactions designed to bring all three spheres of influence closer together. With frequent interactions between schools, families, and communities, more students are more likely to receive common messages from various people about the importance of school, of working hard, of thinking creatively, of helping one another, and of staying in school.

The *external model* of overlapping spheres of influence recognizes that the three major contexts in which students learn and grow — the family, the school, and the community — may be drawn together or pushed apart. In this model, there are some practices that schools, families, and communities conduct separately and some that they conduct jointly in order to influence children's learning and development. The *internal* model of the interaction of the three spheres of influence shows where and how complex and essential interpersonal relations and patterns of influence occur between individuals at home, at school, and in the community. These social relationships may be enacted and studied at an *institutional* level (e.g., when a school invites all families to an event or sends the same communications to all families) and at an *individual* level (e.g., when a parent and a teacher meet in conference or talk by phone). Connections between schools or parents and community groups, agencies, and services can also be represented and studied within the model.[1]

The model of school, family, and community partnerships locates the student at the center. The inarguable fact is that students are the main actors in their education, development, and success in school. School, family, and community partnerships cannot simply produce successful students. Rather, partnership activities may be designed to engage, guide, energize, and motivate students to produce their own successes. The assumption is that, if children feel cared for and encouraged to work hard in the role of student, they are more likely to do their best to learn to read, write, calculate, and learn other skills and talents and to remain in school.

Interestingly and somewhat ironically, studies indicate that students are also crucial for the success of school, family, and community partnerships. Students are often their parents' main source of information about school. In strong partnership programs, teachers help students understand and conduct traditional communications with families (e.g., delivering memos or report cards) and new communications (e.g., interacting with family members about homework or participating in parent/teacher/student conferences). As we gain more information about the role of students in partnerships, we are developing a more complete understanding of how schools, families, and communities must work with students to increase their chances for success.

How Theory Sounds in Practice

In some schools there are still educators who say, "If the family would just do its job, we could do our job." And there are still families who say, "I raised this child; now it is your job to educate her." These words embody the theory of "separate spheres of influence." Other educators say, "I cannot do my job without the help of my students' families and the support of this community." And some parents say, "I really need to know what is happening in school in order to help my child." These phrases embody the theory of "overlapping spheres of influence."

In a partnership, teachers and administrators create more *family-like* schools. A family-like school recognizes each child's individuality and makes each child feel special and included. Family-like schools welcome all families, not just those that are easy to reach. In a partnership, parents create more *school-like* families. A school-like family recognizes that each child is also a student. Families reinforce the importance of school, homework, and activities that build student skills and feelings of success. Communities, including groups of parents working together, create school-like opportunities, events, and programs that reinforce, recognize, and reward students for good progress, creativity, contributions, and excellence. Communities also create *family-like* settings, services, and events to enable families to better support their children. *Community-minded* families and students help their neighborhoods and other families. The concept of a community school is re-emerging. It refers to a place where programs and services for students, parents, and others are offered before, during, and after the regular school day.

Schools and communities talk about programs and services that are "family-friendly" — meaning that they take into account the needs and realities of family life in the 1990s, are feasible to conduct, and are equitable toward all families. When all these concepts combine, children experience *learning communities* or *caring communities*.[2]

All these terms are consistent with the theory of overlapping spheres of influence, but they are not abstract concepts. You will find them daily in conversations, news stories, and celebrations of many kinds. In a family-like school, a teacher might say, "I know when a student is having a bad day and how to help him along." A student might slip and call a teacher "mom" or "dad" and then laugh with a mixture of embarrassment and glee. In a school-like family, a parent might say, "I make sure my daughter knows that homework comes first." A child might raise his hand to speak at the dinner table and then joke about acting as if he were still in school. When communities reach out to students and their families, youngsters might say, "This program really made my schoolwork make sense!" Parents or educators might comment. "This community really supports its schools."

Once people hear about such concepts as family-like schools or school-like families, they remember positive examples of schools, teachers, and places in the community that were "like a family" to them. They may remember how a teacher paid individual attention to them, recognized their uniqueness, or praised them for real progress, just as a parent might. Or they might recall things at home that were "just like school" and supported their work as a student, or they might remember community activities that made them feel smart or good about themselves and their families. They will recall that parents, siblings, and other family members engaged in and enjoyed educational activities and took pride in the good schoolwork or homework that they did, just as a teacher might.

How Partnerships Work in Practice

These terms and examples are evidence of the *potential* for schools, families, and communities to create caring educational environments. It is possible to have a school that is excellent academically but ignores families. However, that school will build barriers between teachers, parents, and children — barriers that affect school life and learning. It is possible to have a school that is ineffective academically but involves families in many good ways. With its weak academic program, that school will shortchange students' learning. Neither of these schools exemplifies a caring educational environment that requires academic excellence, good communications, and productive interactions involving school, family, and community.

Some children succeed in school without much family involvement or despite family neglect or distress, particularly if the school has excellent academic and support programs. Teachers, relatives outside of the immediate family, other families, and members of the community can provide important guidance and encouragement to these students. As support from school, family, and community accumulates, significantly more students feel secure and cared for, understand the goals of education, work to achieve to their full potential, build positive attitudes and school behaviors, and stay in school. The shared interests and investments of schools, families, and communities create the conditions of caring that work to "overdetermine" the likelihood of student success.

Any practice can be designed and implemented well or poorly. And even well-implemented partnership practices may not be useful to all families. In a caring school community, participants work continually to improve the nature and effects of partnerships. Although the interactions of educators, parents, students, and community members will not always be smooth or successful, partnership programs establish a base of respect and trust on which to build. Good partnerships withstand questions, conflicts, debates, and disagreements; provide structures and processes to solve problems; and are maintained — even strengthened — after differences have been resolved. Without this firm base, disagreements and problems that are sure to arise about schools and students will be harder to solve.

> ***Just about all teachers and administrators would like to involve families, but many do not know how to go about it.***

What Research Says

In surveys and field studies involving teachers, parents, and students at the elementary, middle, and high school levels, some important patterns relating to partnerships have emerged.[4]

- Partnerships tend to decline across the grades, *unless* schools and teachers work to develop and implement appropriate practices of partnership at each grade level.
- Affluent communities currently have more positive family involvement, on average, *unless* schools and teachers in economically distressed communities work to build positive partnerships with their students' families.
- Schools in more economically depressed communities make more contacts with families about the problems and difficulties their children are having, *unless* they work at developing balanced partnership programs that include contacts about positive accomplishments of students.
- Single parents, parents who are employed outside the home, parents who live far from the school, and fathers are less involved, on average, at the school building, *unless* the school organizes opportunities for families to volunteer at various times and in various places to support the school and their children.

Researchers have also drawn the following conclusions.

- Just about all families care about their children, want them to succeed, and are eager to obtain better information from schools and communities so as to remain good partners in their children's education.
- Just about all teachers and administrators would like to involve families, but many do not know how to go about building positive and productive programs and are consequently fearful about trying. This creates a "rhetoric rut," in which educators are stuck, expressing support for partnerships without taking any action.
- Just about all students at all levels — elementary, middle, and high school — want their families to be more knowledgeable partners about schooling and are willing to take active roles in assisting communications between home and school. However, students need much better information and guidance than most now receive about how their schools view partnerships and about how they can conduct important exchanges with their families about school activities, homework, and school decisions.

The research results are important because they indicate that caring communities can be built, on purpose; that they include families that might not become involved on their own; and that, by their own reports, just about all families, students, and teachers believe that partnerships are important for helping students succeed across the grades.

Good programs will look different in each site, as individual schools tailor their practices to meet the needs and interests, time and talents, ages and grade levels of students and their families. However, there are some commonalities across successful programs at all grade levels. These include a recognition of the overlapping spheres of influence on student development; attention to various types of involvement that promote a variety of opportunities for schools, families, and communities to work together; and an Action Team for School, Family, and Community Partnerships to coordinate each school's work and progress.

Six Types of Involvement: Six Types of Caring

A framework of six major types of in-

Table 1.
Epstein's Framework of Six Types of Involvement and Sample Practices

Type 1 **Parenting**	**Type 2** **Communicating**	**Type 3** **Volunteering**	**Type 4** **Learning at Home**	**Type 5** **Decision Making**	**Type 6** **Collaborating with Community**
Help all families establish home environments to support children as students.	Design effective forms of school-to-home and home-to-school communications about school programs and children's progress.	Recruit and organize parent help and support.	Provide information and ideas to families about how to help students at home with homework and other curriculum-related activities, decisions, and planning.	Include parents in school decisions, developing parent leaders and representatives.	Identify and integrate resources and services from the community to strengthen school programs, family practices, and student learning and development.
Sample Practices	**Sample Practices**	**Sample Practices**	**Sample Practices**	**Sample Practices**	**Sample Practices**
Suggestions for home conditions that support learning at each grade level. Workshops, videotapes, computerized phone messages on parenting and child rearing at each age and grade level. Parent education and other courses or training for parents (e.g., GED, college credit, family literacy). Family support programs to assist families with health, nutrition, and other services. Home visits at transition points to preschool, elementary, middle, and high school. Neighborhood meetings to help families understand schools and to help schools understand families.	Conferences with every parent at least once a year, with follow-ups as needed. Language translators to assist families as needed. Weekly or monthly folders of student work sent home for review and comments. Parent/student pickup of report card, with conferences on improving grades. Regular schedule of useful notices, memos, phone calls, newsletters, and other communications. Clear information on choosing schools or courses, programs, and activities within schools. Clear information on all school policies, programs, reforms, and transitions.	School and classroom volunteer program to help teachers, administrators, students, and other parents. Parent room or family center for volunteer work, meetings, resources for families. Annual postcard survey to identify all available talents, times, and locations of volunteers. Class parent, telephone tree, or other structures to provide all families with needed information. Parent patrols or other activities to aid safety and operation of school programs.	Information for families on skills required for students in all subjects at each grade. Information on homework policies and how to monitor and discuss schoolwork at home. Information on how to assist students to improve skills on various class and school assessments. Regular schedule of homework that requires students to discuss and interact with families on what they are learning in class. Calendars with activities for parents and students at home. Family math, science, and reading activities at school. Summer learning packets or activities. Family participation in setting student goals each year and in planning for college or work.	Active PTA/PTO or other parent organizations, advisory councils, or committees (e.g., curriculum, safety, personnel) for parent leadership and participation. Independent advocacy groups to lobby and work for school reform and improvements. District-level councils and committees for family and community involvement. Information on school or local elections for school representatives. Networks to link all families with parent representatives.	Information for students and families on community health, cultural, recreational, social support, and other programs or services. Information on community activities that link to learning skills and talents, including summer programs for students. Service integration through partnerships involving school; civic, counseling, cultural, health, recreation, and other agencies and organizations; and businesses. Service to the community by students, families, and schools (e.g., recycling, art, music, drama, and other activities for seniors or others). Participation of alumni in school programs for students.

Table 2.
Challenges and Redefinitions for the Six Types of Involvement

Type 1 Parenting	Type 2 Communicating	Type 3 Volunteering	Type 4 Learning at Home	Type 5 Decision Making	Type 6 Collaborating with Community
Challenges	**Challenges**	**Challenges**	**Challenges**	**Challenges**	**Challenges**
Provide information to *all* families who want it or who need it, not just to the few who can attend workshops or meetings at the school building. Enable families to share information with schools about culture, background, children's talents and needs. Make sure that all information for and from families is clear, usable, and linked to children's success in school.	Review the readability, clarity, form, and frequency of all memos, notices, and other print and nonprint communications. Consider parents who do not speak English well, do not read well, or need large type. Review the quality of major communications (newsletters, report cards, conference schedules, and so on). Establish clear two-way channels for communications from home to school and from school to home.	Recruit volunteers widely so that *all* families know that their time and talents are welcome. Make flexible schedules for volunteers, assemblies, and events to enable parents who work to participate. Organize volunteer work; provide training; match time and talent with school, teacher, and student needs; and recognize efforts so that participants are productive.	Design and organize a regular schedule of interactive homework (e.g., weekly or bimonthly) that gives *students* responsibility for discussing important things they are learning and helps families stay aware of the content of their children's classwork. Coordinate family-linked homework activities, if students have several teachers. Involve families and their children in all important curriculum-related decisions.	Include parent leaders from all racial, ethnic, socioeconomic, and other groups in the school. Offer training to enable leaders to serve as representatives of other families, with input from and return of information to all parents. Include students (along with parents) in decision-making groups.	Solve turf problems of responsibilities, funds, staff, and locations for collaborative activities. Inform families of community programs for students, such as mentoring, tutoring, business partnerships. Assure equity of opportunities for students and families to participate in community programs or to obtain services. Match community contributions with school goals; integrate child and family services with education.
Redefinitions	**Redefinitions**	**Redefinitions**	**Redefinitions**	**Redefinitions**	**Redefinitions**
"Workshop" to mean more than a *meeting* about a topic held at the school building at a particular time. "Workshop" may also mean making information about a topic available in a variety of forms that can be viewed, heard, or read anywhere, any time, in varied forms.	"Communications about school programs and student progress" to mean two-way, three-way, and many-way channels of communication that connect schools, families, students, and the community.	"Volunteer" to mean anyone who supports school goals and children's learning or development in any way, at any place, and at any time — not just during the school day and at the school building	"Homework" to mean not only work done alone, but also interactive activities shared with others at home or in the community, linking schoolwork to real life. "Help" at home to mean encouraging, listening, reacting, praising, guiding, monitoring, and discussing — not "teaching" school subjects.	"Decision making" to mean a process of partnership, of shared views and actions toward shared goals, not just a power struggle between conflicting ideas. Parent "leader" to mean a real representative, with opportunities and support to hear from and communicate with other families.	"Community" to mean not only the neighborhoods where students' homes and schools are located but also any neighborhoods that influence their learning and development. "Community" rated not only by low or high social or economic qualities, but by strengths and talents to support students, families, and schools. "Community" means all who are interested in and affected by the quality of education, not just those with children in the schools.

volvement has evolved from many studies and from many years of work by educators and families in elementary, middle, and high schools. The framework (summarized in the accompanying tables) helps educators develop more comprehensive programs of school and family partnerships and also helps researchers locate their questions and results in ways that inform and improve practice.[3]

Each type of involvement includes many different *practices* of partnership (see Table 1). Each type presents particular *challenges* that must be met in order to involve all families and needed *redefinitions* of some basic principles of involvement (see Table 2). Finally, each type is likely to lead to different *results*

Table 3.
Expected Results of the Six Types of Involvement for Students, Parents, and Teachers

Type 1 Parenting	Type 2 Communicating	Type 3 Volunteering	Type 4 Learning at Home	Type 5 Decision Making	Type 6 Collaborating with Community
Results for Students Awareness of family supervision; respect for parents. Positive personal qualities, habits, beliefs, and values, as taught by family. Balance between time spent on chores, on other activities, and on homework. Good or improved attendance. Awareness of importance of school.	**Results for Students** Awareness of own progress and of actions needed to maintain or improve grades. Understanding of school policies on behavior, attendance, and other areas of student conduct. Informed decisions about courses and programs. Awareness of own role in partnerships, serving as courier and communicator.	**Results for Students** Skill in communicating with adults. Increased learning of skills that receive tutoring or targeted attention from volunteers. Awareness of many skills, talents, occupations, and contributions of parents and other volunteers.	**Results for Students** Gains in skills, abilities, and test scores linked to homework and classwork. Homework completion. Positive attitude toward schoolwork. View of parent as more similar to teacher and of home as more similar to school. Self-concept of ability as learner.	**Results for Students** Awareness of representation of families in school decisions. Understanding that student rights are protected. Specific benefits linked to policies enacted by parent organizations and experienced by students.	**Results for Students** Increased skills and talents through enriched curricular and extracurricular experiences. Awareness of careers and of options for future education and work. Specific benefits linked to programs, services, resources, and opportunities that connect students with community.
For Parents Understanding of and confidence about parenting, child and adolescent development, and changes in home conditions for learning as children proceed through school. Awareness of own and others' challenges in parenting. Feeling of support from school and other parents.	**For Parents** Understanding school programs and policies. Monitoring and awareness of child's progress. Reponding effectively to students' problems. Interactions with teachers and ease of communication with school and teachers.	**For Parents** Understanding teacher's job, increased comfort in school, and carry-over of school activities at home. Self-confidence about ability to work in school and with children or to take steps to improve own education. Awareness that families are welcome and valued at school. Gains in specific skills of volunteer work.	**For Parents** Know how to support, encourage, and help student at home each year. Discussions of school, classwork, and homework. Understanding of instructional program each year and of what child is learning in each subject. Appreciation of teaching skills. Awareness of child as a learner.	**For Parents** Input into policies that affect child's education. Feeling of ownership of school. Awareness of parents' voices in school decisions. Shared experiences and connections with other families. Awareness of school, district, and state policies.	**For Parents** Knowledge and use of local resources by family and child to increase skills and talents or to obtain needed services. Interactions with other families in community activities. Awareness of school's role in the community and of community's contributions to the school.
For Teachers Understanding families' backgrounds, cultures, concerns, goals, needs, and views of their children. Respect for families' strengths and efforts. Understanding of student diversity. Awareness of own skills to share information on child development.	**For Teachers** Increased diversity and use of communications with families and awareness of own ability to communicate clearly. Appreciation for and use of parent network for communications. Increased ability to elicit and understand family views on children's programs and progress.	**For Teachers** Readiness to involve families in new ways, including those who do not volunteer at school. Awareness of parents' talents and interests in school and children. Greater individual attention to students, with help from volunteers.	**For Teachers** Better design of homework assignments. Respect of family time. Recognition of equal helpfulness of single-parent, dual-income, and less formally educated families in motivating and reinforcing student learning. Satisfaction with family involvement and support.	**For Teachers** Awareness of parent perspectives as a factor in policy development and decisions. View of equal status of family representatives on committees and in leadership roles.	**For Teachers** Awareness of community resources to enrich curriculum and instruction. Openness to and skill in using mentors, business partners, community volunteers, and others to assist students and augment teaching practice. Knowledgeable, helpful referrals of children and families to needed services.

for students, for parents, for teaching practice, and for school climate (see Table 3). Thus schools have choices about which practices will help achieve important goals. The tables provide examples of practices, challenges for successful implementation, redefinitions for up-to-date understanding, and results that have been documented and observed.

Charting the Course

The entries in the tables are illustrative. The sample practices displayed in Table 1 are only a few of hundreds that may be selected or designed for each type of involvement. Although all schools may use the framework of six types as a guide, each school must chart its own course in choosing practices to meet the needs of its families and students.

The challenges shown (Table 2) are just a few of many that relate to the examples. There are challenges — that is, problems — for every practice of partnership, and they must be resolved in order to reach and engage all families in the best ways. Often, when one challenge is met, a new one will emerge.

The redefinitions (also in Table 2) redirect old notions so that involvement is not viewed solely as or measured only by "bodies in the building." As examples the table calls for redefinitions of workshops, communication, volunteers, homework, decision making, and community. By redefining these familiar terms, it is possible for partnership programs to reach out in new ways to many more families.

The selected results (Table 3) should help correct the widespread misperception that any practice that involves families will raise children's achievement test scores. Instead, in the short term, certain practices are more likely than others to influence students' skills and scores, while other practices are more likely to affect attitudes and behaviors. Although students are the main focus of partnerships, the various types of involvement also promote various kinds of results for parents and for teachers. For example, the expected results for parents include not only leadership in decision making, but also confidence about parenting, productive curriculum-related interactions with children, and many interactions with other parents and the school. The expected results for teachers include not only improved parent/teacher conferences or school/home communications, but also better understanding of families, new approaches to homework, and other connections with families and the community.

Most of the results noted in Table 3 have been measured in at least one research study and observed as schools conduct their work. The entries are listed in positive terms to indicate the results of well-designed and well-implemented practices. It should be fully understood, however, that results may be negative if poorly designed practices exclude families or create greater barriers to communication and exchange. Research is still needed on the results of specific practices of partnership in various schools, at various grade levels, and for diverse populations of students, families, and teachers. It will be important to confirm, extend, or correct the information on results listed in Table 3 if schools are to make purposeful choices among practices that foster various types of involvement.

The tables cannot show the connections that occur when one practice activates several types of involvement simultaneously. For example, volunteers may organize and conduct a food bank (Type 3) that allows parents to pay $15 for $30 worth of food for their families (Type 1). The food may be subsidized by community agencies (Type 6). The recipients might then serve as volunteers for the program or in the community (perpetuating Type 3 and Type 6 activities). Or consider another example. An after-school homework club run by volunteers and the community recreation department combines Type 3 and Type 6 practices. Yet it also serves as a Type 1 activity, because the after-school program assists families with the supervision of their children. This practice may also alter the way homework interactions are conducted between students and parents at home (Type 4). These and other connections are interesting, and research is needed to understand the combined effects of such activities.

The tables also simplify the complex longitudinal influences that produce various results over time. For example, a series of events might play out as follows. The involvement of families in reading at home leads students to give more attention to reading and to be more strongly motivated to read. This in turn may help students maintain or improve their daily reading skills and then their reading grades. With the accumulation over time of good classroom reading programs, continued home support, and increased skills and confidence in reading, students may significantly improve their reading achievement test scores. The time between reading aloud at home and increased reading test scores may vary greatly, depending on the quality and quantity of other reading activities in school and out.

Or consider another example. A study by Seyong Lee, using longitudinal data and rigorous statistical controls on background and prior influences, found important benefits for high school students' attitudes and grades as a result of continuing several types of family involvement from the middle school into the high school. However, achievement test scores were not greatly affected by partnerships at the high school level. Longitudinal studies and practical experiences that are monitored over time are needed to increase our understanding of the complex patterns of results that can develop from various partnership activities.[8]

The six types of involvement can guide the development of a balanced, comprehensive program of partnerships, including opportunities for family involvement at school and at home, with potentially important results for students, parents, and teachers. The results for students, parents, and teachers will depend on the particular types of involvement that are implemented, as well as on the quality of the implementation.

Action Teams for School, Family, and Community Partnerships

Who will work to create caring school communities that are based on the concepts of partnership? How will the necessary work on all six types of involvement get done? Although a principal or a teacher may be a leader in working with some families or with groups in the community, one person cannot create a lasting, comprehensive program that involves all families as their children progress through the grades.

From the hard work of many educators and families in many schools, we have learned that, along with clear policies and strong support from state and district leaders and from school principals, an Action Team for School, Family, and Community Partnerships in each school is a useful structure. The action team guides the development of a comprehensive program of partnership, including all six types of involvement, and the integration of all family and community connections within a single, unified plan and program. The trials and errors, efforts and insights of many schools in our projects have helped to identify five important steps that any school can take to develop more positive school/family/community connections.[3]

Step 1: Create an Action Team

A team approach is an appropriate way to build partnerships. The Action Team for School, Family, and Community Partnerships can be the "action arm" of a school council, if one exists. The action team takes responsibility for assessing present practices, organizing options for new partnerships, implementing selected activities, evaluating next steps, and continuing to improve and coordinate practices for all six types of involvement. Although the members of the action team lead these activities, they are assisted by other teachers, parents, students, administrators, and community members.

The action team should include at least three teachers from different grade levels, three parents with children in different grade levels, and at least one administrator. Teams may also include at least one member from the community at large and, at the middle and high school levels, at least two students from different grade levels. Others who are central to the school's work with families may also be included as members, such as a cafeteria worker, a school social worker, a counselor, or a school psychologist. Such diverse membership ensures that partnership activities will take into account the various needs, interests, and talents of teachers, parents, the school, and students.

The leader of the action team may be any member who has the respect of the other members, as well as good communication skills and an understanding of the partnership approach. The leader or at least one member of the action team should also serve on the school council, school improvement team, or other such body, if one exists.

In addition to group planning, members of the action team elect (or are assigned to act as) the chair or co-chair of one of six subcommittees for each type of involvement. A team with at least six members (and perhaps as many as 12) ensures that responsibilities for leadership can be delegated so that one person is not overburdened and so that the work of the action team will continue even if members move or change schools or positions. Members may serve renewable terms of two to three years, with replacement of any who leave in the interim. Other thoughtful variations in assignments and activities may be created by small or large schools using this process.

In the first phase of our work in 1987, projects were led by "project directors" (usually teachers) and were focused on one type of involvement at a time. Some schools succeeded in developing good partnerships over several years, but others were thwarted if the project director moved, if the principal changed, or if the project grew larger than one person could handle. Other schools took a team approach in order to work on many types of involvement simultaneously. Their efforts demonstrated how to structure the program for the next set of schools in our work. Starting in 1990, this second set of schools tested and improved on the structure and work of action teams. Now, all elementary, middle, and high schools in our research and development projects and in other states and districts that are applying this work are given assistance in taking the action team approach.

Step 2: Obtain Funds and Other Support

A modest budget is needed to guide and support the work and expenses of each school's action team. Funds for state coordinators to assist districts and schools and funds for district coordinators or facilitators to help each school may come from a number of sources. These include federal, state, and local programs that mandate, request, or support family involvement, such as Title I, Title II, Title VII, Goals 2000, and other federal and similar state funding programs. In addition to paying the state and district coordinators, funds from these sources may be applied in creative ways to support staff development in the area of school, family, and community partnerships; to pay for lead teachers at each school; to set up demonstration programs; and for other partnership expenses. In addition, local school/business partnerships, school discretionary funds, and separate fund-raising efforts targeted to the schools' partnership programs have been used to support the work of their action teams. At the very least, a school's action team requires a small stipend (at least $1,000 per year for three to five years, with summer supplements) for time and materials needed by each subcommittee to plan, implement, and revise practices of partnership that include all six types of involvement.

The action team must also be given sufficient time and social support to do its work. This requires explicit support from the principal and district leaders to allow time for team members to meet, plan, and conduct the activities that are selected for each type of involvement. Time during the summer is also valuable — and may be essential — for planning new approaches that will start in the new school year.

Step 3: Identify Starting Points

Most schools have some teachers who conduct some practices of partnership with some families some of the time. How can good practices be organized and extended so that they may be used by all teachers, at all grade levels, with all families? The action team works to improve and systematize the typically haphazard patterns of involvement. It starts by collecting information about the school's present practices of partnership, along with the views, experiences, and wishes of teachers, parents, administrators, and students.

Assessments of starting points may be made in a variety of ways, depending on available resources, time, and talents. For example, the action team might use formal questionnaires[4] or telephone interviews to survey teachers, administrators, parents, and students (if resources exist to process, analyze, and report survey data). Or the action team might organize a panel of teachers, parents, and students to speak at a meeting of the parent/teacher organization or at some other school meeting as a way of initiating discussion about the goals and desired activities for partnership. Structured discussions may be conducted through a series of principal's breakfasts for representative groups of teachers, parents, students, and others; ran-

Most schools have some teachers who conduct some practices of partnership with some families some of the time.

dom sample phone calls may also be used to collect reactions and ideas, or formal focus groups may be convened to gather ideas about school, family, and community partnerships at the school.

What questions should be addressed? Regardless of how the information is gathered, some areas must be covered in any information gathering.

- *Present strengths*. Which practices of school/family/community partnerships are now working well for the school as a whole? For individual grade levels? For which types of involvement?
- *Needed changes*. Ideally, how do we want school, family, and community partnerships to work at this school three years from now? Which present practices should continue, and which should change? To reach school goals, what new practices are needed for each of the major types of involvement?
- *Expectations*. What do teachers expect of families? What do families expect of teachers and other school personnel? What do students expect their families to do to help them negotiate school life? What do students expect their teachers to do to keep their families informed and involved?
- *Sense of community*. Which families are we now reaching, and which are we not yet reaching? Who are the "hard-to-reach" families? What might be done to communicate with and engage these families in their children's education? Are current partnership practices coordinated to include all families as a school community? Or are families whose children receive special services (e.g., Title I, special education, bilingual education) separated from other families?
- *Links to goals*. How are students faring on such measures of academic achievement as report card grades, on measures of attitudes and attendance, and on other indicators of success? How might family and community connections assist the school in helping more students reach higher goals and achieve greater success? Which practices of school, family, and community partnerships would directly connect to particular goals?

Step 4: Develop a Three-Year Plan

From the ideas and goals for partnerships collected from teachers, parents, and students, the action team can develop a three-year outline of the specific steps that will help the school progress from its starting point on each type of involvement to where it wants to be in three years. This plan outlines how each subcommittee will work over three years to make important, incremental advances to reach more families each year on each type of involvement. The three-year outline also shows how all school/family/community connections will be integrated into one coherent program of partnership that includes activities for the whole school community, activities to meet the special needs of children and families, activities to link to the district committees and councils, and activities conducted in each grade level.

In addition to the three-year outline of goals for each type of involvement, a detailed one-year plan should be developed for the first year's work. It should include the specific activities that will be implemented, improved, or maintained for each type of involvement; a time line of monthly actions needed for each activity; identification of the subcommittee chair who will be responsible for each type of involvement; identification of the teachers, parents, students, or others (not necessarily action team members) who will assist with the implementation of each activity; indicators of how the implementation and results of each major activity will be assessed; and other details of importance to the action team.

The three-year outline and one-year detailed plan are shared with the school council and/or parent organization, with all teachers, and with the parents and students. Even if the action team makes only one good step forward each year on each of the six types of involvement, it will take 18 steps forward over three years to develop a more comprehensive and coordinated program of school/family/community partnerships.

In short, based on the input from the parents, teachers, students, and others on the school's starting points and desired partnerships, the action team will address these issues.

- *Details*. What will be done each year, for three years, to implement a program on all six types of involvement? What, specifically, will be accomplished in the first year on each type of involvement?
- *Responsibilities*. Who will be responsible for developing and implementing practices of partnership for each type of involvement? Will staff development be needed? How will teachers, administrators, parents, and students be supported and recognized for their work?
- *Costs*. What costs are associated with the improvement and maintenance of the planned activities? What sources will provide the needed funds? Will small grants or other special budgets be needed?
- *Evaluation*. How will we know how well the practices have been implemented and what their effects are on students, teachers, and families? What indicators will we use that are closely linked to the practices implemented to determine their effects?

Step 5: Continue Planning And Working

The action team should schedule an annual presentation and celebration of progress at the school so that all teachers, families, and students will know about the work that has been done each year to build partnerships. Or the district coordinator for school, family, and community partnerships might arrange an annual conference for all schools in the district. At the annual school or district meeting, the action team presents and displays the highlights of accomplishments on each type of involvement. Problems are discussed and ideas are shared about improvements, additions, and continuations for the next year.

Each year, the action team updates the school's three-year outline and develops a detailed one-year plan for the coming year's work. It is important for educators, families, students, and the community at large to be aware of annual progress, of new plans, and of how they can help.

In short, the action team addresses the following questions. How can it ensure that the program of school/family/community partnership will continue to improve its structure, processes, and practices in order to increase the number of families who are partners with the school in their children's education? What opportunities will teachers, parents, and students have to share information on successful practices and to strengthen and maintain their efforts?

Characteristics of Successful Programs

As schools have implemented partnership programs, their experience has helped to identify some important properties of successful partnerships.

• ***Incremental progress.*** Progress in partnerships is incremental, including more families each year in ways that benefit more students. Like reading or math programs, assessment programs, sports programs, or other school investments, partnership programs take time to develop, must be periodically reviewed, and should be continuously improved. The schools in our projects have shown that three years is the minimum time needed for an action team to complete a number of activities on each type of involvement and to establish its work as a productive and permanent structure in a school.

The development of a partnership is a process, not a single event. All teachers, families, students, and community groups do not engage in all activities on all types of involvement all at once. Not all activities implemented will succeed with all families. But with good planning, thoughtful implementation, well-designed activities, and pointed improvements, more and more families and teachers can learn to work with one another on behalf of the children whose interests they share. Similarly, not all students instantly improve their attitudes or achievements when their families become involved in their education. After all, student learning depends mainly on good curricula and instruction and on the work completed by students. However, with a well-implemented program of partnership, more students will receive support from their families, and more will be motivated to work harder.

• *Connection to curricular and instructional reform.* A program of school/family/community partnerships that focuses on children's learning and development is an important component of curricular and instructional reform. Aspects of partnerships that aim to help more students succeed in school can be supported by federal, state, and local funds that are targeted for curricular and instructional reform. Helping families understand, monitor, and interact with students on homework, for example, can be a clear and important extension of classroom instruction, as can volunteer programs that bolster and broaden student skills, talents, and interests. Improving the content and conduct of parent/teacher/student conferences and goal-setting activities can be an important step in curricular reform; family support and family understanding of child and adolescent development and school curricula are necessary elements to assist students as learners.

The connection of partnerships to curriculum and instruction in schools and the location of leadership for these partnership programs in district departments of curriculum and instruction are important changes that move partnerships from being peripheral public relations activities about parents to being central programs about student learning and development.

• ***Redefining staff development.*** The action team approach to partnerships guides the work of educators by restructuring "staff development" to mean colleagues working together and with parents to develop, implement, evaluate, and continue to improve practices of partnership. This is less a "dose of inservice education" than it is an active form of developing staff talents and capacities. The teachers, administrators, and others on the action team become the "experts" on this topic for their school. Their work in this area can be supported by various federal, state, and local funding programs as a clear investment in staff development for overall school reform. Indeed, the action team approach as outlined can be applied to any or all important topics on a school improvement agenda. It need not be restricted to the pursuit of successful partnerships.

It is important to note that the development of partnership programs would be easier if educators came to their schools prepared to work productively with families and communities. Courses or classes are needed in preservice teacher education and in advanced degree programs for teachers and administrators to help them define their professional work in terms of partnerships. Today, most educators enter schools without an understanding of family backgrounds, concepts of caring, the framework of partnerships, or the other "basics" I have discussed here. Thus most principals and district leaders are not prepared to guide and lead their staffs in developing strong school and classroom practices that inform and involve families. And most teachers and administrators are not prepared to understand, design, implement, or evaluate good practices of partnership with the families of their students. Colleges and universities that prepare educators and others who work with children and families should identify where in their curricula the theory, research, policy, and practical ideas about partnerships are presented or where in their programs these can be added.[8]

Even with improved preservice and advanced coursework, however, each school's action team will have to tailor its menu of practices to the needs and wishes of the teachers, families, and students in the school. The framework and guidelines offered in this article can be used by thoughtful educators to organize this work, school by school.

The Core of Caring

One school in our Baltimore project named its partnerships the "I Care Program." It developed an I Care Parent Club that fostered fellowship and leadership of families, an *I Care Newsletter*, and many other events and activities. Other schools also gave catchy, positive names to their programs to indicate to families, students, teachers, and everyone else in the school community that there are important relationships and exchanges that must be developed in order to assist students.

Interestingly, synonyms for "caring" match the six types of involvement: Type 1, parenting: supporting, nurturing, and rearing; Type 2, communicating: relating, reviewing, and overseeing; Type 3, volunteering: supervising and fostering; Type 4, learning at home: managing, recognizing, and rewarding; Type 5, decision making: contributing, considering, and judging; and Type 6, collaborating with the community: sharing and giving.

Underlying all six types of involvement are two defining synonyms of caring: trusting and respecting. Of course, the varied meanings are interconnected, but it is striking that language permits us to call forth various elements of caring associated with activities for the six types of involvement. If all six types of involvement are operating well in a school's program of partnership, then all of these caring behaviors could be activated to assist children's learning and development.

Despite real progress in many states, districts, and schools over the past few years, there are still too many schools in which educators do not understand the families of their students; in which families do not understand their children's schools; and in which communities do not understand or assist the schools, families, or students. There are still too many states and districts without the policies, departments, leadership, staff, and fiscal support needed to enable all their schools to develop good programs of partnership. Yet relatively small financial investments that support and assist the work of action teams could yield significant returns for all schools, teachers, families, and students. Educators who have led the way with trials, errors, and successes provide evidence that any state, district, or school can create similar programs.[10]

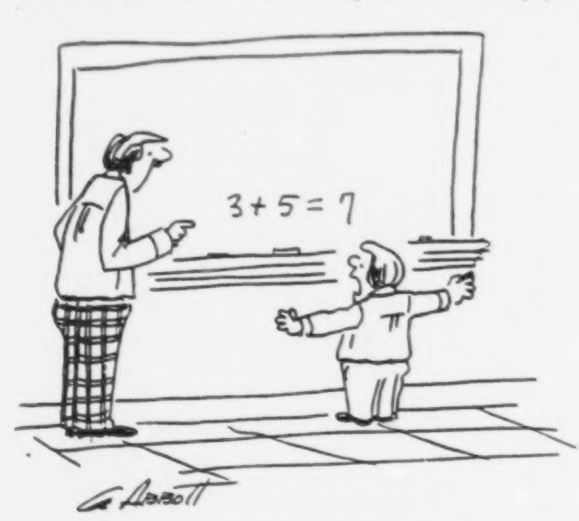
Schools have choices. There are two common approaches to involving families in schools and in their children's education. One approach emphasizes conflict and views the school as a battleground. The conditions and relationships in this kind of environment guarantee power struggles and disharmony. The other approach emphasizes partnership and views the school as a homeland. The conditions and relationships in this kind of environment invite power sharing and mutual respect and allow energies to be directed toward activities that foster student learning and development. Even when conflicts rage, however, peace must be restored sooner or later, and the partners in children's education must work together.

Next Steps: Strengthening Partnerships

Collaborative work and thoughtful give-and-take among researchers, policy leaders, educators, and parents are responsible for the progress that has been made over the past decade in understanding and developing school, family, and community partnerships. Similar collaborations will be important for future progress in this and other areas of school reform. To promote these approaches, I am establishing a national network of Partnership-2000 Schools to help link state, district, and other leaders who are responsible for helping their elementary, middle, and high schools implement programs of school, family, and community partnerships by the year 2000. The state and district coordinators must be supported for at least three years by sufficient staff and budgets to enable them to help increasing numbers of elementary, middle, and high schools in their districts to plan, implement, and maintain comprehensive programs of partnership.

Partnership-2000 Schools will be aided in putting the recommendations of this article into practice in ways that are appropriate to their locations. Implementation will include applying the theory of overlapping spheres of influence, the framework of six types of involvement, and the action team approach. Researchers and staff members at Johns Hopkins will disseminate information and guidelines, send out newsletters, and hold optional annual workshops to help state and district coordinators learn new strategies and share successful ideas. Activities for leaders at the state and district levels will be shared, as will school-level programs and successful partnership practices.

The national network of Partnership-2000 Schools will begin its activities in the fall of 1995 and will continue until at least the year 2000. The goal is to enable leaders in all states and districts to assist all their schools in establishing and strengthening programs of school/family/community partnership.[11]



"Of course, it's wrong. That's why I go to school."

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11. For more information about the national network of Partnership-2000 Schools. send the name. position. address. and phone and fax numbers of the contact person/coordinator for partnerships for you state or district to Joyce Epstein. Partnership-200 Schools. CRESPAR/Center on Families. Communities. Schools. and Children's Learning. Johns Hopkins University. 3505 N. Charles St.. Baltimore. MD 21218. - K

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The Effectiveness of Family Workshops in a Middle School Setting

Respect and Caring Make the Difference

The authors describe a series of workshops organized by Ms. Sutton for the families of students attending an urban middle school. The workshops turned out to be a "transformative experience," and the participants felt renewed by their contacts with one another and by the respect, caring, and support they encountered.

By Joan F. Goodman, Virginia Sutton, and Ira Harkavy

CONTEMPORARY media coverage might account for the fact that the public seems to hold strongly ambivalent attitudes toward education. On the one hand, schools are portrayed by the media as hopelessly ineffective — unable to banish illiteracy, decrease dropout rates, or reduce poverty, racial inequality, substance abuse, vandalism, and violence. On the other hand, schools are portrayed as the sole source of social salvation — the one institution that touches the lives of all children, the one possible conduit for moving many out of poverty.

Thoughtful observers recognize that the education establishment alone cannot stem the disintegrative forces washing over our children, particularly children faced with the realities of urban life. To be effective, our last societal pillar needs considerable support from the community. The family involvement movement is one response to this reality. In recent years, several federal initiatives — the Fund for the Improvement and Reform of Schools and Teaching (FIRST), Head Start, the Head Start-Follow Through Act, the Education for All Handicapped Children Act, the Elementary and Secondary Education Amendments, and the Goals 2000: Educate America Act — have encouraged schools to form partnerships with families in the education of children.

State governments, cities, and school districts are at least paying lip service to

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Illustration by Loren Long

family/school partnerships as an important reform effort.[1] The private sector is also voicing support. In a recent survey of CEOs, for example, *Fortune* found that 89% of the respondents perceived *lack* of family involvement as the biggest barrier to school reform.[2] Unfortunately, those trying to establish genuine family/school collaboration have encountered many difficulties, and progress has been slow. As Joyce Epstein, a noted authority in this field, has observed: "Today, most schools embrace the concept of partnership, but few have translated their beliefs into plans or their plans into practice."[3]

Nonetheless, a variety of worthy efforts have recently been undertaken. These new partnerships take many forms and serve many functions. Parents are increasing their support of school activities, participating as volunteers in schools, taking on roles in school governance, and becoming students themselves in literacy programs. Schools are reaching out to parents by holding more frequent conferences, by lending equipment (such as computers), and by offering workshops.[4]

Research suggests that family involvement "works." Children whose families participate in programs show improved academic achievement. The greater the intensity of involvement and the more roles parents play, the better the outcome. This is true across grade and socioeconomic levels.[5]

One of the more common mechanisms for bringing home and school into partnership is the family workshop. During FIRST's initial years, for example, 30 of the 45 grants awarded (67%) were to "implement and evaluate activities that build *parenting and child-rearing skills*" (emphasis in original).[6] Not surprisingly, given the relative newness of these initiatives, we know little about their overall effectiveness, particularly with middle school students. Outreach efforts toward the many parents who do not come to scheduled workshops have concentrated on families with young children (up to grades 2 or 3) and drop off dramatically as children age.[7] At just the period when children are beginning to show serious behavioral problems and are starting to drop out of school, parents and schools appear to grow further apart, and parents' attendance at home/school events declines.[8]

Because so little has apparently been tried with families of older children and because virtually no research exists comparing methodologies, we decided to create a series of workshops for the families of students attending a predominantly African American urban middle school. Fifty percent of these families receive public assistance. It needs to be said that we did not enter the school for a "one-shot" intervention. This particular project was part of a multi-year, multifaceted, and ongoing family/school/community collaboration that has involved the joint efforts of several schools, businesses, and a large university situated in a heterogeneous area of a large eastern city.

We discovered that, beyond the finding that more is better, studies have not, as yet, investigated what educational model is most effective for family workshops. Descriptions of programs suggest that the pedagogy is often directive; that is, teachers set the agenda for the workshops and then offer information to families.[9] Whether less didactic methods might be more effective has not been studied.

In light of these questions, we set two objectives. First, we wanted to find out whether it was possible in the middle school setting to mount a successful series of family workshops extending over several months — even given the particularly inhospitable winter of 1993-94. Second, we wanted to know if family responses would differ as a function of the three models we selected for the workshops.

To anticipate our conclusions briefly, we found that bringing families to school on a regular and sustained basis is possible, but only with tremendous outreach efforts — an invitation in the mail or a phone call won't do it. However, for those who participated, the importance of the experience went well beyond their (and our) expectations. The workshops were not merely a "learning experience" but were, in large measure, a "transformative experience." Family members felt profoundly renewed by their contacts with one another and by the respect, caring, and support they encountered. They were eager to continue getting together after the allotted time and funds had run out; they even went so far as to organize meetings on their own. In short, although the enterprise was extremely difficult to mount and sustain, the participants were touched in ways that surprised us. In turn, we were deeply moved by the enthusiasm, joy, and gratitude of the participants.

Getting the Workshops Started

The West End Middle School (a fictitious name) has a history of participation with the community extending back to 1985. At the time of the family workshop initiative, an extensive array of programs was already in place. It is unclear whether these earlier programs affected our initiative. Although one might assume that the earlier activities had made the school seem more hospitable to families, none of the participants in our workshops were known to have taken part in previous programs.

Among the current programs being offered at West End were a Saturday community school in which 220 students and other community members were enrolled in free academic, recreational, and cultural classes; Wednesday evening classes that prepared adults for the General Education Development diploma, provided training in job skills, and offered additional recreational and cultural activities; community health watches that involved students, teachers, and university medical and dental staffs in nutrition, oral health, and vision screenings as well as screenings for hypertension, AIDS, and cancer; and health-career learning projects that gave eighth-graders opportunities to intern in two local hospitals.

Despite all these efforts, the principal described serious problems of family/school life, including repeated classroom disruptions, student assaults on other students and staff members, destruction of property, theft, sale and use of drugs, and possession and sometimes use of weapons. In a single day, the principal would typically have 20 "behavioral" incidents. Parents, discouraged and frustrated by the doings of their children, felt they had exhausted their resources. As one member of an extended family stated, "These children are more stubborn. We did what we were told. My children did what they were told. But these children will question you." A mother added bluntly, "It [the school setting] is like a jungle. We are losing all our children."

After consulting with West End families, we decided to address their concerns (adolescent development, self-esteem, family communication, behavior management, peer pressure, sexuality, and substance abuse) through a series of six Saturday workshops. The project was funded by the Philadelphia Yearly Meeting of the Religious Society of Friends and by a Research Program on Youth and Caring grant from the Lilly Endowment.

In the spring of 1993, guided by our commitment to working collaboratively with families in a mutually respectful and caring manner, we began our workshop preparations by meeting with members of the families of 125 West End students (four classes) and soliciting ideas for workshop topics from them. In the fall of 1993, we expanded our efforts to include the families of 355 students (12 classes). Two additional meetings were held that autumn on pressing issues raised by families — one on educational activities to do at home and a second on community violence — and ideas for the upcoming workshops were further discussed.

Small-group discussions with classroom teachers and interactive panel presentations by community leaders helped to establish a setting of trust. For instance, a city health official invited family members to work with him on the development of a community violence prevention program, and a police officer specializing in community relations explained the services that were currently available and listened to family members' concerns and suggestions for change.

Because a school administrator told Virginia Sutton that attendance at home/school meetings had never exceeded five individuals (in a school of 1,050 registered students), we carried out an earnest recruitment effort throughout the spring and fall. Sutton telephoned and wrote letters to family members of all 355 students. Three mailings were sent to families informing them about the meetings and urging them to register for the workshops. Before each meeting, two pep talks were given to students, encouraging them to talk their families into participating. Teachers put notices on the chalkboards, and some assigned their students to write formal invitations.

During the spring and fall months, Sutton recruited 12 adult family members, one for each class, to assist in contacting the families. They sent a letter, followed by a brightly colored program flier, to families before each meeting. The letters, it turned out, had limited impact. Teachers helped by giving students a homework waiver each time members of their families came to a session. This appeared to be more effective!

"They had a substitute. A good time was had by all."

Recruitment continued — even increased — during the initial weeks of the workshops, which spanned the months of February and March. To keep family members coming, Sutton called all participants once or twice every week, with the final call made within 40 hours of each scheduled session. Families who signed up for the workshops but did not attend the first meeting were visited in their homes by Sutton and a respected member of the community who was already active in the project.

During each preliminary meeting and workshop session, the school provided child care, and West End students volunteered as assistants. Other West End students were assigned to greet family members and to serve refreshments. Buttons and T-shirts advertising the family/school/community collaboration were distributed. Special treats, such as banana splits, were offered to all who came.

Community organizations also pitched in. The university provided three vans, supplies for the final celebration (tablecloths, glasses, silverware, flowers, and vases), and 17 tape recorders so that families could describe their reactions during the last get-together. A Shop-N-Bag grocery store issued $10 gift certificates to each participating adult each week of the workshop series. My Favorite Muffin, a local bakery, donated 2,100 mini-muffins to feed the weekly gatherings of 130 participants. Sears provided, at cost, a family portrait to each individual completing the workshop series.

An atmosphere of care and unconditional respect permeated all aspects of the workshop series, even down to the refreshments. Simple but elegant tablecloths covered all areas used to serve food and beverages. Punch bowls of assorted fruit juices were interspersed among decorative arrangements of muffins and platters of fresh fruit. Coffee, tea, sugar, and cream were added at the request of family members. One aunt was so impressed by the respect manifested that she asked Sutton to speak to her church youth group on the topic of "respect."

Three Models

As mentioned, we set out with the dual objective of mounting a useful series of workshops for families with adolescent children and inquiring into the relative efficacy of different instructional models. The three we selected, as conceptualized by Lawrence Kohlberg and his colleagues, were directive, nondirective, and cooperative problem-solving models.[10] The directive model, drawn from John Locke and modern-day behaviorism, maintains that, because children are highly malleable ("blank slates"), good education requires powerful shaping by the adult. The nondirective approach, drawn from Jean Jacques Rousseau, maintains that, because children are good and will naturally learn on their own, good teaching requires little more than warmth and acceptance. Cooperative problem solving, identified with Jean Piaget and John Dewey, maintains that good education is a carefully calibrated mixture of adult guidance in synchrony with, and in response to, the child's stage of readiness; the teacher's role in this model is amplification, rather than direction (as in the first model) or mere support (as in the second model). These three instructional models have been compared for years when designing classrooms and interventions for children but have not been previously examined in the adult-education setting of family/school workshops.

Families were assigned randomly to one of the three models. There were two classes for each model, for a total of six instructional groups that met once a week for six weeks. The instructors were six African American specialists in adolescent development who were experienced in working with families and had been recruited from the school district, the participating university, and a local child guidance clinic.

Instructors using the directive model lectured to the families on specific topics, solicited and answered questions to clarify points, and used role playing or modeling to practice the ideas that had been presented. Instructors using the nondirective model had parents run the sessions themselves, referred questions back to the group, and limited their own role to reflective and empathic statements. Instructors using the cooperative problem-solving approach solicited family experiences and expanded on them, attempting to build on what parents offered through a cooperative, democratic, reciprocal process.

Manuals were developed, describing the philosophy for each approach. Four research assistants (all students in a school of social work) rotated among the six groups each week, using a 12-item checklist to monitor adherence to the instructional models. Regardless of the model, instructors understood that they were to establish a safe and caring atmosphere. Little did we realize that this "tone" would be the most significant factor of all.

Conducting Workshops in Stressful Circumstances

Armed with training and eager to try out the models, Sutton, the instructors, and the assistants prepared for their first meeting in January. They were to face a number of unexpected challenges. Seventeen ice, snow, and sleet storms over the winter forced postponement of the first three sessions, so that the first meeting did not occur until February. Of the 108 who signed up, 60 came a few times, while 40 stayed for the entire six weeks, took the posttest, and participated in follow-up interviews. Thirty percent of the participants depended on transportation provided by the project. Although drivers were paid an additional 33% for Saturday duty, one driver left the city midweek, never to return; another called 10 minutes before his first pickup to state that he would not be coming; and on the final day a third driver overslept and did not show up. Sutton filled in, making several trips before and after a meeting to pick up and deliver family members.

The school building, which graciously opened its doors for Saturday meetings, created another set of problems. Union regulations required that the building be vacated by 12:30 p.m., after a thorough cleaning. Because of inadequate equipment, Sutton had to purchase a vacuum cleaner. Security staff, equipped with walkie-talkies, were assigned to the building while the groups were in progress. They moved more than 250 chairs so that family members could sit in adult-sized chairs and then replaced the chairs with 192 student desks at the end of the sessions. To help family members move through the maze of school corridors, 20 posters were placed at strategic locations each week and then were removed after each session.

Still, problems occurred. On the Monday following the final session, for example, a school official reported that the school office had been ransacked and important papers destroyed. He suspected participants in the family program as the culprits — wrongly, as was later discovered.

Employment status affected several participants. One grandfather who greatly enjoyed the program dropped out after two sessions because he needed to spend all his time finding a job. Two parents withdrew when their work schedules changed and required Saturday hours. By the end of the project, 15% of the participants had talked individually with Sutton about their employment struggles.

Families also vented their discouragement and anger over what they perceived to be an unresponsive school system. For example, an instructor reported that one student's mother had come to school "at a time she thought was opportune to talk, since she knew the teacher's schedule. The teacher refused to see her and said in class, in front of her child, that she was tired of having to answer stupid questions from parents."

In their conversations, the families expressed a deeply felt conflict: their exasperation with and distrust of the school battled against their genuine hope that this time the experience would be different. To keep a sense of optimism alive, the workshop staff members maintained frequent contact with families, soliciting feedback and input and responding to requests. Without this outreach, we believe, participation would have rapidly dwindled, given personal and circumstantial difficulties.

The challenges of an urban setting and the extra efforts required to keep the workshops on track actually served to strengthen ties among all those involved. They gave staff members an opportunity to bear witness to the respect and commitment motivating the entire endeavor. They spoke eloquently to the message we were trying to deliver — that obstacles, even seemingly insurmountable ones, can be overcome with sufficient good will and energy.

The Outcome: It's Caring That Counts

We measured participants' reactions to the workshops with the Family Workshop Questionnaire (developed specifically for this project) and semi-structured interviews, both administered individually at the conclusion of the workshops.[11] To ensure reliability, the questionnaire was administered again after a period of one month. Forty family members who completed at least four of the six sessions filled out the questionnaire. The questions dealt with the overall helpfulness of the workshops and changes in the adults' ability to care for their adolescents. For most questions, the respondent had a choice of four answers, spread along a continuum from very helpful to not at all helpful.

At both the immediate posttest and the follow-up, all 40 family members completing the project judged the workshops to be either very helpful (93% immediate, 85% follow-up) or helpful (7% immediate, 15% follow-up). Most also found the instructors to be either very helpful (95% immediate, 90% follow-up) or helpful (3% immediate, 8% follow-up). They generally rated their ability to care for their child as greatly improved (70% immediate, 68% follow-up).

Parents were also given the opportunity to record their reactions on tape. They expressed great enthusiasm and gratitude for the caring fellowship and education. A great-grandmother (the responsible caretaker) commented, "I felt that I was not alone . . . people still care."

A grandmother enthused, "The program is great! Super! It should be a program that is implemented in other schools. I love the program! The workshop I was in, all participants wanted to continue — if not on a weekly basis, then at least once a month. If it's some financing that has to be done, if we have to pay a little dues or something, whatever it takes, we want it to continue."

A mother testified, "[I] didn't know so many people could care. I hope that the program will continue for others like me and maybe for my grandchildren when they are around. It would be a joy . . . I will always remember this."

A father summed up his impressions: "I found it educational. I found it more than informative. I was enlightened. So to me it was like a mini-renaissance. It really was. It brought me and my son closer together. By him seeing me participating with him, it let him know consciously that I was interested in him, his objectives, and his desires."

Almost everyone who talked about the workshops mentioned the following four points:

1. They were relieved to find they were not alone in experiencing adolescent challenges.
2. Everyone present was willing to be honest and open.
3. The ideas and suggestions were useful.
4. It was valuable to exchange and share experiences.

Given the density of living arrangements in inner cities, the wider public may not adequately appreciate the isolation and loneliness of urban existence and, by the same token, the overwhelming relief experienced when that isolation is broken. As one mother stated:

> When you deal with your kids, you feel, "Oh my God, I'm the only person that's having these problems." But when I got there, I found out they were having the same problems as I was. Some of the problems they have, I don't have. Some of mine, I'm quite sure they don't have. But I found out that I wasn't alone. I wasn't the only one having this problem. So once you found that out, you [were] able to say, "They're having it; they're dealing with it. I can deal with this." That was a great help.

The honesty and supportiveness of the participants surprised some but seemed to please all. As a great-aunt testified, "I enjoyed meeting with the people because they were totally frank — they had nothing to hide whether it was good or bad. I really like that."

The practical suggestions offered by instructors or group members were appreciated. One mother remarked, "All of the topics that we discussed I learned something from — each and every last one of them — and I will take it with me always."

A father emphasized one area in which he had been helped:

> [My] communication expanded. I am able now to go a little deeper into [my son's] world. Communication provided me that bridge. That was the most exciting part of the class. I learned how to communicate more effectively and how communication is not just words, and how that communication is contingent upon real good listening. What it did was gave me more than the "how to" — it shaped my perception of communication. So now I know what good communication really is.

The participants had shared many of life's harshest experiences and had been given understanding.

The responses to the questionnaire administered after the workshops were so universally positive that it was difficult to draw conclusions about the relative effectiveness of the three different methodologies. Apparently, just getting together in a caring and respectful atmosphere was a tremendous help to all participants. It buoyed their spirits and allowed them to come up with creative solutions to the problems posed by their adolescents. This outcome surprised us. We had anticipated that participants accustomed to — and unhappy with — lectures from school personnel and others would find the cooperative problem-solving approach most congenial.

There was a slight preference for the cooperative problem-solving method. Of the members from this group, 100% rated the sessions very helpful at the immediate posttest and 94% at the follow-up. In the directive group, the corresponding percentages were 90% and 80%, and in the nondirective group, 83% and 75%. The differences, however, were not statistically significant.

We offer two explanations for the fairly similar outcomes across methodologies. First, there was the overall highly positive reaction. Second, different methods apparently promoted different learning. For example, the directive groups appreciated the concrete advice and clarity of the instruction. A father from one of those classes reported, "The workshop was very practical and offered hands-on solutions to daily problems. When I come, I couldn't write fast enough. Matter of fact, every time she wrote something on the board I was writing [it] down as she was talking. Even though she wanted us to watch and copy later, I just wanted to copy everything. I wanted the information to stick."

A mother who had been in a directive group commented, "I liked the instructor and how the instructor took each workshop and broke it down. I understood everything she said. I think she did very well in explaining it. I learned a lot."

By contrast, members of nondirective groups valued the opportunity to share their feelings with others and appreciated their instructors' listening skills. One mother reported, "I did not feel I was persecuted for telling these strangers about my life — I felt good. There was no difference once I told them — that was my best moment."

Another mother from a nondirective group had this to say about her instructor:

> He didn't judge people. He didn't act like he was above all this — all the problems we were trying to solve. He just fit right in. He listened to our problems. He let us work out solutions. He was just a real easy-going person, somebody easy that you could talk to. He was very caring and understanding. He made us feel like we could tell him anything. He never looked down on you. That's what made us feel really good about being up front and open with him.

Finally, individuals in the cooperative problem-solving groups frequently noted the family-like group spirit that animated their meetings, the skill of the instructor in building on their stories, and their own ability to understand adolescents at a deeper, more sympathetic level. A mother from one of these groups explained, "The comparisons of different ideas really helped me to get a better understanding of my son and daughter. I would give it an A+ because it has really helped us to become closer to one another, understand one another better, and just enjoy each other."

Many members of one of the cooperative groups identified as particularly impressive one mother's "caring buddy" approach to discipline. This mother decided that, when her adolescent daughter did not meet her expectations, the girl would have to accompany her wherever she went on that day. They became partners or "caring buddies." This device ensured supervision of the child while simultaneously telling her, "I care about you."

One of the cooperative problem-solving groups made the decision to bring children along to the sessions. It was a happy choice. A youth who had attended the meetings commented, "[It] helped us understand our parents and how to communicate with others. And like how to get along with people and [get] to know some of the pain they are going through. [It] taught us how to open up more."

Another adolescent, who, according to his mother, did not want to go to school and who had been identified by the school as having significant behavioral problems in the classroom, was also enthusiastic about attending the meetings. His mother reported that each Saturday he would get up early, fix the family's breakfast, and see that they arrived at school in plenty of time. He himself reported his satisfaction:

> [The teacher] would help me understand it more — really listening how we put things. She put my story with my mom's story and came out with the true story. We were able to understand parents more than we did before. I don't have too much of a temper no more towards her. Before I would suck my teeth and talk back. I don't do that anymore. [My mom] let me know how she felt towards me, and I had to let her know how I felt towards her. [The workshops] made me open my mind and grow up more, take on more responsibility.

It is apparent from the questionnaire ratings and the taped comments that families were aware of the differences in models. Some even took exception to the lack of discussion in the directive sessions — "not enough input from parents" — and the lack of leadership in the nondirective groups — "she didn't join in with the conversation; she could have been more helpful."

In our final analysis of the workshops, we judged the cooperative problem-solving method to be superior because it produced enduring initiative — empowerment — among the participants. As already noted, it was members of one of these groups who had their adolescents join them in the sessions. Furthermore, it was exclusively cooperative-group members who developed strategies to continue meeting with their instructors after the workshops ended and who accepted the school's invitation to serve as volunteers.

The Workshops End

A sure sign of the workshops' success was that families were sorry to see them end. Strangers had been transformed into friends and confidants. In the words of one mother, "I [will] miss them. They were strangers when I first met them. They weren't strangers when I left them. I made friends."

The participants had shared many of life's harshest experiences and had been given sympathetic understanding. They wanted to continue, and they wanted the workshops multiplied. Comments such as these were typical: "I would love to have this going throughout the city in all the schools because I think this is a very helpful program." "I think it should be extended with summer programs for children and day camp." "My only problem with the workshops is that the hour was not longer. I hope it will continue in the future."

Although we cannot identify with certainty the critical ingredients that produced such warm and grateful responses, we suspect that the families responded primarily to three program characteristics. First, they appreciated the incentives — child care, food, T-shirts, and grocery vouchers — that underscored the importance that staff members attached to the workshops. A father commented, "What impressed me is that they had a family day care. They really was interested in taking care of the children. I felt secure. I really did. They was handled very professionally. That really stuck with me."

Second, while the incentives contributed to the participants' sense of well-being, of equal — or perhaps more — importance, we believe, was the tone of care and respect from the staff. A mother explained that what mattered most to her was "your shaking our hand and acknowledging that we were there. That was very important because so often we go around with the social security number and a face with no name. You were trying to know everybody's name and face — that was important."

An aunt related this incident:

> My instructor was very helpful, understanding. The first day of the workshop I was freezing. [The instructor] gave me his jacket to put on. He said, "Is anybody else in here as cold as I feel?" I am. So he gave me his jacket. I was telling a friend of mine about that the other day — this guy just gave me his jacket to put on. I say, "He ain't know if I was a clean or a dirty person. He just said, 'Well, you're cold; here's my jacket.'" It was real nice.

Finally, family members came to see that school personnel were respectful not only of them but also of their children. This situation reversed their usual experience of coming to school after a "behavioral incident" to hear their children berated. In the workshops, group leaders listened to and accepted not only the stories of the adults but also those about (and from) their children. The attitude was catching. Participants described their increased ability to listen to, respect, and see the good in their children — and their children in turn developed new attitudes toward them. An adolescent revealed his personal growth:

> It kind of helped me communicate with my mom better. She's like more calm when she says things. She used just to jump right on me about things. It helped me more with my parents, and my mother's and my family, and stuff. It helped me out to understand them more and let them understand me more. And I hope we can have this again sometime.

A mother summed up her experience: "I found this with [my child]: this is another human being. He's young, but he has feelings. Instead of me being, as my oldest daughter says, 'the dictator,' I learned to stop and really like listen to him now."

Successfully reaching 40 families out of an initial target of 355 may not seem like an important accomplishment, but, according to school personnel, this number was eight times the previous high for a *single* meeting. And a *series* had never before been attempted. Based on the questionnaire and interviews, we believe that, for these 40 families, the level of satisfaction was extraordinarily high.

It is therefore our conclusion that many "hard-to-reach" parents of middle school students will respond with enthusiasm and gratitude to opportunities for family/school collaboration. But in order to break through the layers of distrust and disillusionment built up over many frustrating years of hardship, extra and persistent efforts must be made. A successful program requires a great deal of organization; a skillful, experienced, enthusiastic staff; and a never-flagging attitude of care and respect. Under such conditions, the rewards exceed what one might anticipate. These families, so accustomed to disappointment, found in the workshops an unexpected vision of the possible: school authorities who acknowledged and listened to them, peers whose lives and problems were just like their own, and genuinely helpful ideas. In participant after participant, this reversal of expectations seemed to produce a level of appreciation that might not be found among adults who are more accustomed to successful outcomes.

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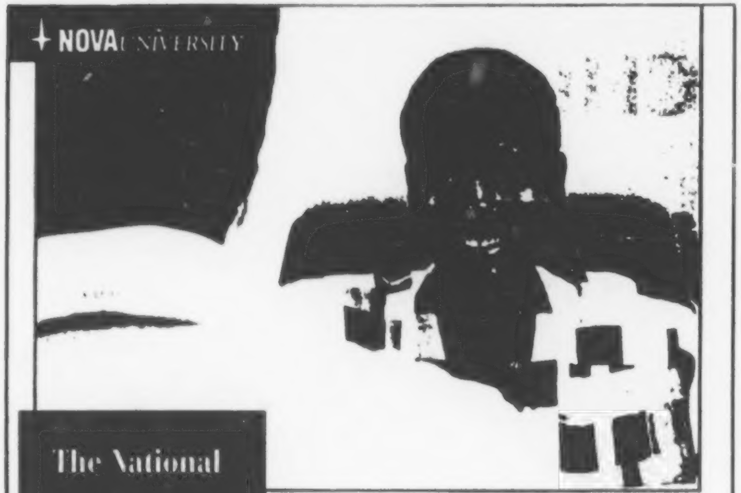

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"A Person To Talk to Wh Really Cared": High-Risk Mothers Evaluations of Services in an Intensiv Intervention Research Progran

MARY E. PHARI
VICTORIA S. LEVI

After one to four years of participation in an intensiv NIMH intervention project, 30 mothers selected becaus of extreme high risk for difficulties in parenting gav ratings regarding changes they had made in their live and the services they were offered. They felt that thei lives had changed markedly and ranked the carin relationship with the staff clinicians and abstract rathe than concrete services as most important. Training an policy implications are discussed.

Mary E. Pharis, Ph.D., is Associate Professor, School of Social Work, Adjunct Associate Professor, Department of Psychology, and Willoughby Centennial Fellow in Child Welfare, University of Texas at Austin, Austin, TX. Victoria S. Levin, M.A., is Executive Secretary, Child and Family Subcommittee, Prevention and Life Course Research Review Committee, Division of Extramural Affairs, National Institute of Mental Health, Rockville, MD. *The study reported here was funded by the Clinical Infant Development Program of the Mental Health Study Center, NIMH, when both authors served as Special Assistants to the Chief. The opinions expressed are those of the authors and do not necessarily reflect those of the University of Texas at Austin or the National Institute of Mental Health.*

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This article reports on an evaluative study conducted with 30 women who had been identified as at extremely high risk for disorders of parenting and given intensive intervention services as part of a National Institute of Mental Health (NIMH) research effort—the Clinical Infant Development Program of the Mental Health Study Center, a research branch of NIMH.

Stanley I. Greenspan, M.D., as Chief of the Mental Health Study Center, committed one section of the center to developing theory in infant psychiatry in general, and to developing new methods of intervention with high-risk infants and their families in particular. He and his colleagues designed the Clinical Infant Development Program (CIDP) to research the question of how best to deliver services to this high-risk population.

An early announcement prepared for the purpose of informing all medical and social service personnel in the large research catchment area, Prince George's County, Maryland, captures the goal and selection criteria:

> The goal of the CIDP is to develop, implement, and evaluate methods of intervention for high-risk infants and their families. The program begins work with mothers and families during pregnancy in order to foster optimal physical and emotional development during pregnancy, delivery, the perinatal period, and the extended postnatal period. The [targeted] study population is high-risk families who have not been amenable to treatment through traditional clinical methods. Participants will be infants whose mothers are prone to physical or emotional abuse or neglect of their children or who, in other ways, reveal inability to provide adequate mothering. In addition, mothers may have serious mental health problems such as alcoholism, drug addiction, and depression. There are no socioeconomic criteria for acceptance into the program. Minimal inclusive criteria for referral are pregnant women who are 18 years of age or older, are residents of Prince George's County at the time of referral, have at least one other child, and are less than 26 weeks pregnant.

The women in this study were selected because their histories suggested that they were at extremely high risk for development of dysfunctional parent-infant interactions. The criterion that there be at least one previous child born to each participating mother served as a partial check for this risk, for in many instances these mothers had been referred for abuse or neglect of their existing children, and some mothers had had children removed from their care by courts and child protective services. Although individual case studies of such women had been published from time to time, no systematic studies of the problems inherent in delivering services to research samples of extremely high-risk mothers had been attempted.

Forty-seven high-risk mothers participated in the program during t
years it was providing services and conducting research.* Their aver
at intake was 24 years. Forty-four percent were single, 34% were
(not necessarily to the CIDP index child's father), and 17% were di
or widowed. The mean number of children born to them prior to the
child was two. Fifty-seven percent of the mothers were black and 43
white; more than half were receiving AFDC, and only 13% were em
at the time they volunteered for the CIDP study. Additional details
study sample and the research design are presented elsewhere [Green
al. 1987; Hofheimer et al. 1983; Wieder et al. 1983; Wieder et al
Wieder et al. 1988]. Extrapolations from National Center for Health St
[1983] and other demographic data for Prince George's County sugg
the CIDP team was serving babies whose mothers were at the most e
degree of risk, women who represented the five or so most difficult t
multipara per 1,000.

There were two crucial general research questions. Could this highly
promised group of women be involved at all in an effort to help them b
more competent in the parental role, and to help their babies develop nor
And, if so, what factors would be most important in reaching them, an
factors would be most effective in generating psychological growth
women so that they might help their newest baby do better? It was reco
that even in this small and highly atypical sample it was likely that
would be striking individual differences. This recognition led the CID
to assume that differential treatment approaches would be necessary, a
in turn led to the expectation that the different responses of individual m
might yield an extremely complex set of answers to those research que

The 47 high-risk mothers in the study were clearly among the most dif
to-serve individuals known to public health, mental health, or social s
systems in the United States. The CIDP research staff developed an In
Misfortune (Greenspan et al. 1987) to compare the life events and c
histories of the CIDP mothers with control group mothers. The Index
cumulative count of the presence or absence of 18 factors in a m
background, including expulsion from school, previous experience of ph
and sexual abuse, psychiatric hospitalization, early childhood loss of

---

*Over the five years of the study, 29 mothers were referred to the CIDP program and
initial commitment by means of signing a consent but later declined to participate. Gi
imagination and intensity with which the CIDP staff tracked all the women referred for
in order to enroll them in the research, these "refusers" must have been an even more
compromised population, a group that has never been systematically studied because they
to involve themselves with even the most skilled professionals who offer help.

icant others, and so forth. Scores of mothers in low-risk comparison groups averaged less than one such event per mother, but more than 50% of the CIDP mothers had experienced nine or more of these misfortunes before they entered the research study (Wieder et al. 1987).

Most mothers were referred early in pregnancy by health care providers in medical settings in Prince George's County, which since 1948 has had a contractual arrangement with NIMH to serve as a "laboratory" for the development of new psychiatric approaches. When pregnant mothers volunteered to participate in the study, they were assigned to highly skilled M.A.- and Ph.D.-level clinical social workers who served as the primary clinicians charged with multiple responsibilities that included establishing and maintaining the mother's involvement; seeking services to meet her concrete needs; offering psychotherapeutic services to her and her family as indicated; working in tandem with the staff psychologists and researchers to assure implementation of the complex research design; and maintaining a liaison with an infant specialist, usually a pediatric nurse or psychologist, who was also assigned to the mother-infant pair when the index baby was born.

Formal scores on developmental and other standardized tests, videotape codes, documentation of services, and clinician ratings constitute the vast majority of the data collected in the CIDP. All these data reflected the measured observations, judgments, and perceptions of the CIDP staff regarding behaviors of the 47 participating mothers and infants. Until the third year of the project, however, no proposal had been made to obtain ratings or data from the participants themselves as to their experience with the program. In part this may have happened because the group was a uniquely challenging one with which to attempt a follow-up study. These women had diverse diagnoses; many were guarded and nonverbal with strangers. Many of them had minimal education and poor reading ability. Moreover, participating mothers and infants rarely had identical experiences within the program. These factors presented obvious design difficulties.

The Participants' Perception Study

The evaluative study reported here was designed by two senior staff social workers as a substudy of the larger group of participating mothers. Although the CIDP study included 47 mothers, the subset of 30 who completed this evaluation included all the available mothers who had been participating in the project for at least a year. The participants' perception study had two goals: foremost, to determine what factors in the CIDP research-service program had been perceived as most valuable by the participating mothers themselves; and secondarily, to develop tools by which these relatively unedu
unsophisticated, and in some instances nonverbal or inarticulate women
convey their evaluations and opinions.

A structured interview format was used to obtain multiple measures
mothers' opinions about all the program elements; some of those mea
involved visual information processing (i.e., cardsorts and rating scale
well as verbal exchange of information. An in-person meeting enable
interviewer, an NIMH specialist who was not known to any of the
mothers, to rate the participants on several observational scales and to
record narrative responses. The mothers were told that their comments
"how the program worked or did not work for you and your baby" w
be completely confidential.

Method

The second author met individually with all 30 mothers who had been en
in the CIDP research program for at least one full year to gather evalu
data. Three mothers who had completed at least a year in the program
moved out of the area and were not available for the followup interv
Mothers were initially contacted by phone or mail; all of the mothers w
a 100-mile radius agreed to be interviewed. The structured interview gene
lasted about an hour. It included questions designed to assess (1) the moth
recall of how they first heard about the program, what they had been
about it, and what they had understood the purpose would be; (2) their r
of the decision process that led them to volunteer for the program; (3)
aspects of the program they liked most and least; (4) their comments on
program staff, including whom they had found most and least helpful,
why; (5) their comments on what they believed their infants had gotten
the program; (6) their reports on which other family members had also
involved, those individuals' attitudes, and the degree of their participat
(7) a checklist that allowed the mothers to rate changes in 13 areas of
and indicate whether or not those changes were related to participation in
CIDP program; (8) a cardsort procedure that allowed mothers to iden
which of 32 program services they had received and which they found
and least important; (9) their suggestions for changes in the program, tha
what they would add and what they would leave out; and (10) their repo
what they would say to a friend or some other pregnant woman who m
ask them about the program. One narrative portion of the interview was t
recorded and transcribed for a word count and content analysis.

Table 1 lists the program services that the mothers rank-ordered. The

TABLE 1 Cardsort Items for Ratings of 32 Program Services

1. Helped you to go back to school or GED classes.
2. Arranged for care for one or more of your children.
3. Went along with you when you went to some agency.
4. Helped you to learn more about how children develop and what they need to grow up healthily and happily.
5. Helped you budget and manage your money better.
6. Gave you a place where you could make some new friends.
7. Helped you with a bad habit like smoking or eating too much.
8. Gave you some help when you were job hunting.
9. Helped you understand other people better.
10. Helped you to plan your future.
11. Helped you move from one house or apartment to another.
12. Gave you a place to go where you could let your feelings out.
13. Helped you keep clinic appointments.
14. Helped you have a happier life.
15. Gave you some help with transportation from one place to another.
16. Gave you some help in finding a doctor when you wanted or needed a new one.
17. Helped you get along better with your family.
18. Called you at home for wake-up or other "reminder" calls.
19. Gave you a place where you felt you belong.
20. Helped you get some furniture you needed.
21. Helped you to have more confidence in yourself.
22. Gave you things to read when there was something you wanted to know more about.
23. Helped you give your child(ren) a better start in life than you had.
24. Taught you about birth control, different methods, etc.
25. Made phone calls for you when you needed someone to "go to bat" for you.
26. Helped you to understand yourself better.
27. Helped you plan a daily schedule.
28. Helped you get along better with your husband or boyfriend.
29. Made it possible for you to learn a special homemaking skill, like cooking or sewing.
30. Gave you a person to talk to who really cared about you.
31. Helped you with an emergency.
32. Gave you some help in finding a new place to live.

was generated by CIDP staff members, who reviewed their records to identify the services they had provided. Most services fell into two categories: concrete services referred to specific utilitarian services with what might be seen as "cash value," whereas abstract services refers to worker activities that involved the educational and therapeutic aspects of the program provided by a key staff member, usually the primary clinician. Sample concrete services included "Called you at home for wake-up or other reminder calls," or "Helped you get some furniture you needed." Examples of abstract services included "Helped you understand other people better," and "Helped you to understand yourself better."

For the rank-order ratings of program services, the interviewer re to the mothers as she presented each card, which was also illustrate small drawing depicting the service so as to visually cue the mothe subsequent rank-ordering. The mothers were first asked to sort the the interviewer read them, into groups of services they had and received. Then each mother was asked to go through the deck of received to select out the five cards that mentioned the services that most important and also the five cards that mentioned the services t the least important to her. Finally, the mother selected the cards that the single most important and the single least important service received.

Each mother was asked to rate the changes she felt she had exp in 13 areas of her own life between the time she had been pregnant index baby and the time of the interview. She was also asked to whether or not she viewed each change as related to her involvem the CIDP study.

Results and Discussion

We report the findings only as quantitative-descriptive evaluative [Tripodi 1983] of particular interest and value to clinicians, especially who work in programs designed to help multiproblem individuals and f

The mothers varied dramatically in the amount they had to say at program when they were asked simply, "Please tell me in your ow how the program has worked for you and what it has meant to you." Re ranged from 13 to almost 1700 words. Content analysis indicated mothers felt participation in the program had been a very positive exp The component they mentioned liking the most was talking with their clinician, or individual therapy sessions. Most mothers met with their clinicians weekly, but more often when the family was in crisis or fac unusual stress. To the question, "Were there times when you wou liked to meet individually with your clinician more often or less often (22 out of 30 mothers) answered they would have liked more frequent me

Ranking second as a favorite in the content analysis of unstructur ratives was the infant assessment session at which mother and infa routinely videotaped. As part of the research protocol, every three months the developmental assessment of the infant was filmed; moth infants were also taped in unstructured interaction. Mothers enjoyed w these videotapes with their clinicians later, and were sometimes able to for the first time their own maladaptive interactions with their babie watching these videos, which became therapeutic tools as well as basic data in the research study.

When prompted to cite any aspect of the program they disliked, more than half the mothers said they disliked none. Four said they had not liked group therapy sessions, and three said they were uncomfortable at times with personal questions. These two were the most frequently mentioned unpopular items; most of the "dislike" responses appeared to be idiosyncratic reactions of individual mothers. When each was asked, "What would you say if a friend of yours or someone else was pregnant right now, and asked you about this program?" 29 of the 30 mothers gave statements that were unqualified positive endorsements. Comments ranged from the terse, "I'd tell her she should join," or "It's a nice place to go. People there are very nice and helpful. She'll enjoy it," to extended, detailed, and enthusiastic endorsements of the program. Only one mother reported any ambivalence: "I'd tell her it's all right. . . . I don't know. I'm ambivalent. . . . I wouldn't say it's a bad thing. They'd have to see for themselves."

Mothers' Rankings of Most and Least Important Services

The structured portions of the interview yielded the sharpest picture of the most valued elements of the program. Table 2 presents the items selected by the mothers in the cardsort procedure as most and least important. It is apparent that mothers selected as most important those items that were relatively abstract and pertained to the therapeutic aspects of the program. Low importance items were those that described specific, concrete services.

The single most highly ranked aspect of the CIDP program, according to these exceptionally high-risk mothers, was the relationship it provided when it gave them "a person to talk to who really cared. . . ." Three of the five top-ranked items pertained to services delivered to the mother herself; two pertained to the services directed toward her infant.

Mothers' Ratings of Changes in Their Lives

The mothers ranked themselves as having changed most positively in their performance as a mother; positive changes in self-confidence, personal coping capacity, and personal happiness ranked second through fourth. On a scale that allowed a possible range of changes from "a lot for the worse [– 2]" through "a lot for the better [+ 2]" mothers ranked each of these four changes at more than + 1 points; more than 70% said that the positive changes were related to their participation in the CIDP program. On two items, "change in coping with problems" and "change in terms of being a mother," more than 90% of the mothers credited their participation in the CIDP program for their marked improvement.

TABLE 2 High- and Low-Importance Items of 32 Possible Pr Services Received, Ranked by 30 Participating Mothers

Item Content	Rank Out of 3
High Importance Item	
Gave you a person to talk to who really cared about you	1
Helped you to learn more about how children develop and what they need to grow up healthily and happily	2
Helped you give your children a better start in life than you had	3
Helped you to have more confidence in yourself	4
Helped you to understand yourself better	5
Low Importance Items	
Gave you some help with transportation from one place to another	28
Helped you keep clinic appointments.	29
Helped you get along better with your husband or boyfriend	30
Helped you plan a daily schedule.	31
Gave you things to read when there was something you wanted to know more about.	32

Agreement Between Mothers and Their Primary Clinicians

Did the clinicians who served these high-risk mothers agree on which se
were important in the helping process and which were not? The pr
clinicians for 20 of these mothers completed the same cardsort the m
had, so that matched sets of ratings on what services ranked as most an
important in the helping process were available in these cases. Each cli
was blind to the rank-ordering that mothers had provided, and each ind
dently ranked the 32 items in the order the clinician judged had been
important in helping each mother for whom they had served as pr
clinician.

The mothers and their primary clinicians were in substantial agreem
to which services had been most helpful. Both ranked item 30, "Gav
a person to talk to who really cared about you," as the single most imp
element in the helping process. And although the rank-order of the nex
items differed slightly, clinicians selected the same top five items that m
had selected as most important. Agreement between the two groups on
five most important services was significant (Spearman Rho = .81,
.001).

These two groups were also in substantial agreement on the degr
change the mothers had achieved in the 13 areas specified on the cl

checklist. As figure 1 shows, both clinicians and mothers reported the perception that mothers had changed only in a positive direction for all 13 areas assessed.

Both groups agreed in their ratings of which areas of mothers' lives had changed most. Three of the four areas rated by mothers as having changed most in a positive direction were also among the top four selected by their clinicians: the changes in the mother's coping abilities, confidence, and happiness. Twenty clinicians' and mothers' rankings correlated + .63 ($p < .05$) on the order of ranks for all 13 areas of life for which they gave matched change ratings.

Implications

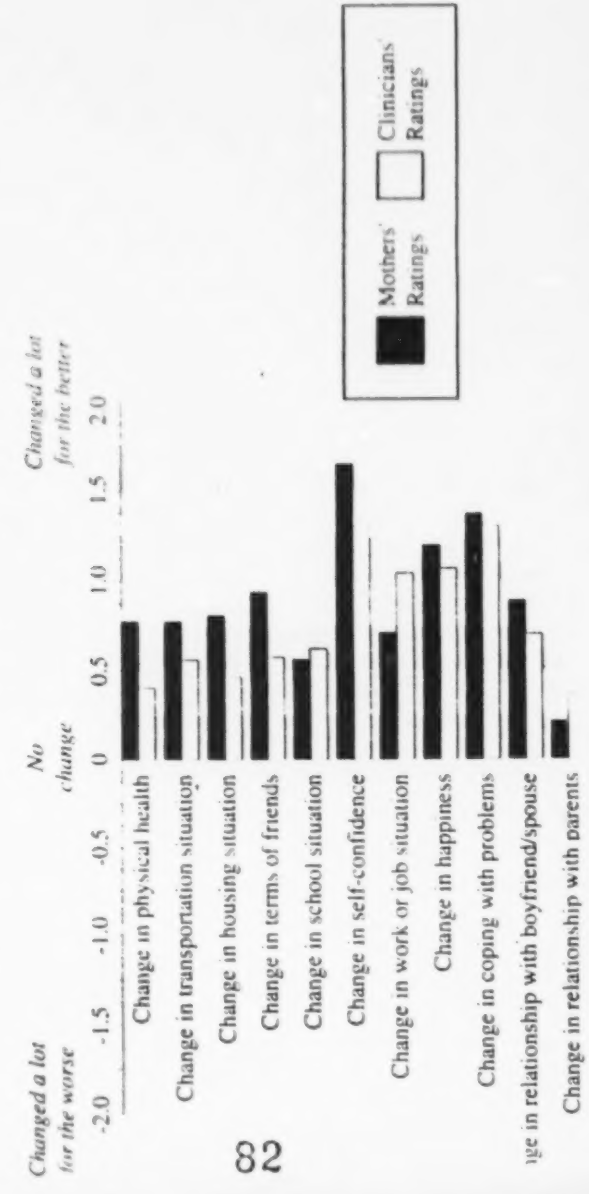
The findings of this study indicate that after having received services, the mothers who are among the most difficult-to-serve population of individuals at risk for severely maladaptive parenting report in a variety of ways that they value the abstract or relationship aspects of the services they received more highly than concrete services, despite their ready acceptance of services such as assistance with transportation, housing, and money management. After one to four years of participation, these women view themselves as having changed most in ways that bear on their psychological status and functioning, and they credit those changes to their involvement with the CIDP program.

The ratings of services and the change checklist convey the message clearly, but in their narrative comments, the most articulate mothers capture more poetically the profound level of importance that these helping relationships had. One participant, responding to the open-ended question, "Please tell me in your own words how the program has worked for you and what it has meant to you," said with feeling:

> It meant a great deal. Part of me feels like I wouldn't have made it without D.W. [her primary clinician]. I think of her as the program. She helped me get over fears I never thought I could face. I could cry with her, tell her all kinds of things and she wouldn't hate me. She's been there through all the hard times. She's been like the best friend I ever had, not like a worker. I love her like a sister. I miss her now.

Another, speaking first of her fears and her early tendency to run from problems, mentions that she often said to her clinician, "I'm gonna quit," but then she adds:

FIGURE 1
Change Ratings of Mothers and Clinicians



> They've been so protective. I'm not used to being protected. I'm not used to being cared about. I'm used to being thrown off the side, the black sheep kind of thing. But they've done a lot of caring and gone out of their way to help me and my kids. They don't have to, but they always want to. It's like whenever I'm in trouble I know I can call them, day or night, any time of day or night no matter what my problem is. No matter how small. They care. It really means a lot to me that somebody that isn't part of me cares. The Center gives me a sense of being. The sense I belong. It's like family.

If we deal with these findings in a formal manner, using research criteria drawn from classical experimental design, the small number of women in this evaluative study and their extreme deviation from the norm make it impossible to assert many implications with complete confidence. It might seem easy to discount the study on the basis that client self-report outcome measures are often found to be unreliable measures of behavior, or by citing "transference" or "social desirability bias" as explanations for the mother's positive reactions. Moreover, since regression or path analyses of mother and infant data in the CIDP have not been published, there is no way as yet to determine whether the participants' perceptions covaried with changes in their actual behavior with their infants, with their infants' development, or with other measures of infant, maternal, or familial outcome.

Hence, the findings emerging from the interviews with the participants might best be viewed as a kind of opinion survey, yielding information more useful to practice and to design of service programs than formal therapy outcome research. Then, if we blend the findings from this small study with the observations and anecdotal reports of skilled clinical researchers from many studies of high-risk or multiproblem dyads [Cicchetti 1984; Cicchetti and Toth 1987; Field and Fogel 1982; Fields 1987; Fraiberg 1980; Fraiberg et al. 1981; Lieberman 1985; Madge 1983; Provence and Naylor 1983; Seligman and Pawl 1984; Sroufe and Rutter 1984], a larger picture seems to emerge. It is a picture in which we can have greater confidence, since all theory and research on human development provides robust support to the resulting generalization that in helping people to develop in a healthy manner, in the long run, relationships count for more than things do. People count the most; things count less.

Training for on-line staff members must emphasize that concrete services are important not only in and of themselves, but also as a means of transforming the way in which parents may experience human relationships, and hence the parents' self-esteem and their perception of their child's worth as

well. In the CIDP program, the worker's offer of information and a
in arranging for public assistance, food stamps, medical care, transp
job skills training, and so forth, was quite often the basis for the f
versation with a mother in need. In a number of cases, the clinicia
weeks and months of contact with a participant mother were spent in a
for concrete services: coordinating, networking, transporting, provid
ses and reading materials, helping mothers to fill out forms, even
cases helping to move furniture from one apartment to another. It was t
around arranging concrete services for the mother, infant, or other
members that the first tenuous roots of a more sustained helping rela
took hold. The CIDP experience suggests that mothers who have beer
with concrete services with genuine caring and concern are able t
beyond dependency on services to renewed psychological growth.

A humane society will of course seek to provide concrete sup
multiproblem families, in the form of food stamps, welfare, public h
and the like. But if compromised adults are really to be helped to re
their own potentials for growth, and develop capacities to help their
grow in healthy ways, the concrete services need to be supplement
diated, and delivered by people who have firm, consistent, and carin
tional relationships with those in need. This study yields clear evider
given time, extremely high-risk mothers, many of whom are products of
homes, their lives replete with evidence of their lack of previous suc
human relationships—women in whom the capacity for relationships mig
seem to have been destroyed—do in fact enthusiastically endorse *the r*
ships they have been offered, over and above the things they have bee
in a research program designed to help them change.

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Vic Groze, Ph.D., is Assistant Professor,
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THE ECOLOGY OF THE FAMILY: A Background Paper For A Family-Centered Approach To Education and Social Service Delivery

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February 1996

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INTRODUCTION

This training module, *Working Respectfully with Families: A Practical Guide for Educators and Human Service Workers* was developed for the Northwest Regional Educational Laboratory's Integration of Education and Human Services Project. The goal of this project is to increase the ability of education and human services providers to form effective and supportive partnerships with each other and with the families they serve.

The purpose of this background paper is to familiarize the trainers of these modules and participants in the workshops with the research, theories, and practice knowledge that are the foundation of the workshop. The specific strategies and applications of a Family-Centered Approach are covered in the workshop materials.

AN HISTORICAL FOOTNOTE

This paper is a synthesis of information from developmental psychology and sociology primarily. It draws from the literature of these fields at a time of change in both fields. In the last twenty years, child-oriented research in developmental psychology has evolved dramatically. It has moved from studies of the child in isolation to studies of one-way, caregiver to child developmental influences. Next, researchers began to consider reciprocal relationships, the way a child influences his or her caregiver and vice versa. Currently, developmental psychologists are studying how development is shaped by complex, reciprocal child-father-mother-sibling interactions.

While developmental psychology has focused on child-adult relationships, sociology has been concerned with marital relationships and the family as a whole in a social context. Recognizing the need to look at the family from both perspectives simultaneously, both fields are looking at child and family development in new ways. The coming together of these two areas of research has resulted in the adoption of an ecological framework.

The summary that follows is intended to familiarize practitioners working with families with some key concepts, rather than provide in-depth understanding. Much of the richness and detail of the research and theory has been left out. Those wishing to understand the evolution and complexities of the ecological model more fully will find this information in the sources listed in the bibliography.

A PROCESS, NOT A METHOD OR CONTENT

A Family-Centered Approach is a PROCESS for delivering services to families that will fit many different "content areas", be it support for teen parents, family literacy or education for low-income children. It is not a set of particular practices but rather a "philosophy" in which families are recognized as having unique concerns, strengths and values. A Family- Centered Approach represents a paradigm shift away from deficit- based, medical models that discover, diagnose and treat "problems" in families to an ecological model. The ecological model which is the theoretical foundation for a Family-Centered Approach, is described below. It views families from the perspective of "a half-full cup" rather than half empty. This approach builds and promotes the strengths that families already have. The key components of a Family-Centered Approach are:

- **Creating partnerships and helping relationships.** Families are supported and child development is enhanced through helping and partnership relationships.
- **Building the community environment.** Families gain information, resources and support through their connections to the community environment.
- **Linking families and community support**. Participation, two-way communication, and advocacy strengthen both the community support network and family functioning.

The ecological paradigm is still emerging. It represents a integration of research and theory from developmental psychology and sociology, with experiential knowledge from social work, family support, early intervention and early childhood education. It represents a coalescing of what researchers are learning about the way different social environments and relationships influence human development. Because it is a new model with many as yet unexplained elements, the ecological model is still in a state of flux. However, the basic tenets of the ecological model have been established for some time and can be stated as:

- Human development is viewed from a person-in-environment perspective.
- The different environments individuals and families experience shape the course of development.
- Every environment contains risk and protective factors that help and hinder development.
- Influence flows between individuals and their different environments in a two-way exchange. These interactions form complex circular feedback loops.
- Individuals and families are constantly changing and developing. Stress, coping and adaptation are normal developmental processes.

(adapted from Whittaker & Tracy, 1989, p. 49-51)

KEY CONCEPTS OF AN ECOLOGICAL MODEL

INTRODUCTION

A focus on the individual, isolated and independent, is deeply embedded in our culture and values. In contrast, an ecological model emphasizes the interconnections of events and the bi-directionality of effects between organism and environment. An ecological perspective views human development from a person-in-environment context, emphasizing the principle that all growth and development take place within the context of relationships. Thus, a child must be studied in the context of the family environment and the family must be understood within the context of its community and the larger society. The language of the ecological model provides a sharp contrast to the image of the lone frontiersman pulling himself up by his bootstraps, the "paddle my own canoe" mentality upon which our legal, educational, and social service delivery system are often based.

THE FAMILY AS A SYSTEM

From an ecological perspective, the most logical model of a family is a system. While there are critics of this conceptualization (Hinde, 1989), most researchers now approach the family from what could be loosely called a "systems perspective" (Kreppner & Lerner, 1989). A systems approach to human development considers the way relationships within the family and between the family and social environment influence individual development and family functioning.

Systems theory has guiding principles that apply to all kinds of systems including business and industry, community organizations schools and families. These principles are helpful in understanding how families function and how families and communities interact. Some principles of systems relevant to a Family-Centered Approach are:

- **Interdependence**. One part of the system cannot be understood in isolation from the other parts. Children cannot be understood outside the context of their families. Any description of a child has to consider the two-way patterns of interaction within that child's family and between the family and its social environment. Describing individual family members does not describe the family system. A family is more than the sum of its parts.
- **Subsystems**. All systems are made up of subsystems. Families subsystems include spousal subsystem, parent-child subsystems and sibling subsystems. A family's roles and functions are defined by its subsystems (Fine 1992; Stafford & Bayer, 1993, Walsh, 1982).
- **Circularity.** Every member of a system influences every other member in a circular chain reaction. A family system is constantly changing as children develop; thus it is almost impossible to know for certain the causes of behavior.
- **Equifinity.** The same event leads to different outcomes and a given outcome may result from different events. What this suggests is that there are many paths to healthy development and there is no one-best-way to raise children (Stafford & Bayer, 1993).

- **Communication.** All behavior is viewed as interpersonal messages that contain both factual and relationship information (Krauss and Jacobs, 1990)
- **Family Rules**. Rules operate as norms within a family and serve to organize family interactions (Krauss and Jacobs, 1990)
- **Homeostasis.** A steady, stable state is maintained in the ongoing interaction system through the use of family norms and a mutually reinforcing feedback loop (Krauss and Jacobs, 1990)
- **Morphogenesis.** Families also require flexibility to adapt to internal and external change. (Krauss and Jacobs, 1990)

Key Point:

A Family-Centered Approach borrows from family systems theory. Family systems theory gives us useful principles for studying children within the context of their family relationships. This framework requires us to stop operating as if children exist in isolation. Effective interventions understand and respect each family's system.

The Environments of a Family Ecology

A basic ecological premise stresses that development is affected by the setting or environment in which it occurs. The interactions within and between the different environments of a family make up the "ecology" of the family and are key elements of an ecological perspective. The environments of a family's ecology include:

- **Family**. The family performs many functions for its members essential to healthy development and mediates between the child and the other environments.
- **Informal Social Network**. A family's social network grows out of interactions with people in different settings; extended family, social groups, recreation, work. Ideally, this network of caring others shores up feelings of self-worth, mobilizes coping and adapting strategies and provides feedback and validation.
- **Community Professionals and Organizations**. A community's formal support organizations provide families with resources related to professional expertise and/or technology.
- **Society**. Social policy, culture, the economy define elements of the larger ecology that impact the way a family functions.

Environments Help or Hinder Development

A given environment may be bountiful and supportive of development or impoverished and threatening to development. Negative elements or the absence of opportunities in family, school or community environments may compromise the healthy development of children or inhibit effective family functioning. Here are examples of different environments in a child and family's ecology and their impact:

- As children move out into the world, their growth is directly influenced by the expectations and challenges from peer groups, care-givers, schools, and all the other social settings they encounter.
- The depth and quality of a family's social network is a predictor of healthy family functioning. During normal family transitions all families experience stress. Just having someone to talk to about the kids over a cup of coffee, swap child care, or offer help with projects, buffers a family from the stresses of normal family life.
- Strong linkages between families and community organizations such as schools, open channels that allow vital information and resources to flow in both directions, support families, schools, and communities.
- The work environment, community attitudes and values, and large society shape child development indirectly, but powerfully, by affecting the way a family functions.

The Ecology of a Child

When considering the ecology of a particular child, one might assess the challenges and opportunities of different settings by asking:

- In settings where the child has face-to-face contact with significant others in the family, school, peer groups, or church:
    - Is the child regarded positively?
    - Is the child accepted?
    - Is the child reinforced for competent behavior?
    - Is the child exposed to enough diversity in roles and relationships?
    - Is the child given an active role in reciprocal relationships?
- When the different settings of a child's ecology such as home-school, home-church, school-neighborhood interact:
    - Do settings respect each other?
    - Do settings present basic consistency in values?
    - Are there avenues for communication?
    - Is there openness to collaboration and partnership?
- In the parent's place of work, school board, local government, settings in which the child does not directly participate, but which have powerful impact on family functioning:
    - Are decisions made with the impact on families and children in mind?
    - Do these settings contain supports to help families balance the stresses that are often created by these settings?
- In the larger social setting where ideology, social policy, and the "social contract" are defined:
    - Are some groups valued at the expense of others (Is there sexism or racism)?

- Is there an individual or a collectivist orientation?
- Is violence a norm?

(Adapted from Garbarino, 1982)

The Ecology of a Family

We are used to thinking about the environments children experience, but the environments families encounter also contribute to child development by their impact on family functioning. In a community there may, or may not, be the resources and relationships a family needs. Within its community setting, each family fabricates its own web of support from the formal and informal resources available. A family may forge many connections, a few strong connections, or no connections at all to the community resources. These connections link families to the tangible and intangible resources of the community.

Just as the child's environment offers challenges and opportunities, community settings offer challenges and opportunities for healthy family functioning. Generalizations about family-community interactions found in the literature include:

- Rural families have few employment opportunities, lower economic well being, fewer educational opportunities and less access to health care and social services. Urban families, on the other hand, have higher crime rates, more impersonal ties, higher density, and noisier living conditions (Unger & Sussman, 1990).
- Many parents must cope with the threat of violent crime in their neighborhood. A family's response to demands and challenges from a community environment may promote or hinder family functioning and child development. Withdrawing emotionally, keeping children inside, and restricting child activity are coping strategies parents use when faced with violence in their neighborhood, but they may also impede normal development. (Garbarino & Kostelney, 1993).
- Families are affected by how responsive community organizations are to family needs. Powell (1990) identifies five strategies that make early childhood programs more responsive to families. These include: increasing parent-program communication; giving parents choices between different programs; assessing family and child needs; redefining staff roles and using community residents; and involving parents in decision-making.
- The relationship between families and their community changes and evolves over time. The needs and interests of family members change over the life span. Issues of responsiveness also change with aging and stage of development.
- "Community" may refer to relationships and social networks as well as a physical location. (Unger & Sussman, 1990) A family's informal social support network often provides services that are more accessible, culturally appropriate and acceptable than the services offered by formal support systems (Gottlieb, 1988).

A DEVELOPMENTAL PERSPECTIVE: GOODNESS OF THE FIT MODEL

An ecological perspective focuses on dynamic developmental processes including the way stress, coping and adaptation contribute to development. A useful concept for understanding this view of development is the "goodness of the fit" model. This model suggests healthy development and effective functioning depend on the match between the needs and resources of a child or family and the demands, supports and resources offered by the surrounding environment. The developing individual responds to the "environmental fit" through developmental processes associated with stress management, coping and adaptation.

CHILD DEVELOPMENT

In terms of child development, the "goodness of fit" refers to the match between the developmental needs of children and the demands, resources and capacities of their family, school and community environments. Children adapt to specific demands and expectations from home, school and community as part of the developmental process. The attitudes, values, expectations and stereotypes other people have about how a child should be, or act, mold the child. The skills and competencies required of a child by home, school and community, also shape development. A child's behavior in the face of these demands will depend on his or her skills, resources, support and experiences (Lerner, 1993).

The behaviors expected of a child at home may be different than those a child's needs at school. It has been proposed, for instance, that differences in goals, priorities and expectations between home and school may contribute to low academic achievement of minority children (Powell, 1989; Bowman & Stott, 1994). The match between a child and home, school and community environments determines whether or not a given child is able to meet basic needs, form nurturing and supportive relationships, and develop social competence, all of which greatly influence the child's life trajectory (Lerner, 1993).

FAMILY DEVELOPMENT

The "goodness of fit" model is useful for understanding how to support and strengthen families as well. Families develop too. They move through predictable developmental stages just as children do. Families must also respond to the demands and expectations from work, social groups, community institutions and the society as a whole. Stress builds when the resources and coping skills of a family are inadequate to meet the demands and expectations of the social environment. Family stress levels are a predictor of "rotten outcomes" for children. If stress increases beyond a certain point, for whatever reason, a family's ability to nurture its children decreases (Schorr, 1989).

Mismatches With The Environment

A lack of fit or a mismatch can happen between children and their family or school environments or between a family and community environment. Problem behaviors in school may often be attributed to a mismatch between a child and the expectations of the school setting (Fine, 1992). Mismatches also happen when the home culture and values are at odds with the dominant values of the school environment. This poses a threat to the linkages between family and school. The threat is lessened when both sides are carefully respectful and recognize the importance and value of each to the child. When a mismatch occurs and a child is disruptive or a family needs outside help, it may not be due to a deficiency in the child or family. The mismatch may come from a lack of resources or support from the social environment.

Key Point:

A Family-Centered Approach incorporates the "goodness of the fit" model by seeking to understand and improve the match between the needs of children and their families with community resources and support.

BEHAVIOR AS A COMPLEX INTERACTION OF FACTORS

"When we examine the family from an ecological point of view, no one person or thing.. can be realistically identified as the 'cause' of a problem" (Yerby, Buerkel-Rothfus & Bochner, 1990, p.63). Behavior from a ecological perspective, is more complex than stimulus A causes predictable response B. The environmental demands and the reciprocal relationships between people interact with individual characteristics in complex chains of influence that define behavior. Although parents have a profound influence on the ability of the child to develop in a healthy, competent manner, children also influence their parents' behavior. As Adolph Adler observed, "The child is the artist as well as the painting." Therefore, when dealing a child's acting out behavior, or addressing a family's financial need, professionals need to consider not only the individual but also contributing factors from the environment and interpersonal relationships.

Key Point:

A Family-Centered Approach seeks to strengthen family functioning. To do this, the factors contributing to the way a family functions need to be studied and understood.

THE DEVELOPMENTAL TRAJECTORY: RISK AND PROTECTIVE FACTORS

Risk is a statistical concept used to predict the probability of negative outcomes. Resiliency and protective factors are the positive side of vulnerability and risk (Werner 1990). Risk and protective factors are found both within the child (temperament, physical constitution, intelligence, education) and/or within a child's environment (caring adults, high expectations, good schools, high crime levels).

A child or family's developmental trajectory results from the negotiation of risks on one hand, and the exploitation of opportunities on the other. A way to conceptualize these interactions is to think of an ever changing equation containing plus and minus numbers. At any given time two or more numbers may combine to bolster development in a positive direction or push development toward negative outcomes. If the "solution" of the equation were graphed repeatedly, over time, it would represent the life trajectory of an individual. For example, perhaps biology contributes to a child's high intellectual potential. This should set the course of the child's development in a positive direction. This potential could be unrealized or move the child in a negative direction if a school setting failed to provide an appropriate educational experience leading the child to drop out of school. We know the following about risk and protective factors:

- The presence of a single risk factor typically does not threaten positive development. In situations where a child is vulnerable, the interaction of risk and protective factors determines the course of development.
- If multiple risk factors accumulate and are not offset by compensating protective factors, healthy development is compromised (Schorr, 1989; Werner & Smith 1992).
- Poverty increases the likelihood that risk factors in the environment will not be offset by protective factors (Schorr, 1989).
- When a child faces negative factors at home, at school, and in the neighborhood the negative effect of these factors is multiplied rather than simply added together (Werner & Smith, 1992; Schorr, 1989).
- Resiliency studies explain why two children facing similar risks develop differently. A core of dispositions and sources of support, or protective factors, that can buttress development under adverse conditions have been identified (Benard, 1991; Bogenschneider, Small & Riley; Werner & Smith, 1982, 1990, 1992).
- Dispositions that act as protective factors include an active, problem-solving approach and a sense of self-esteem and self-efficacy. Resilient children are characterized by a belief in their power to shape and have an impact on their experience.
- Caring and support, high expectations, and opportunities for participation are protective factors for children found in families, schools and communities (Benard, 1991).

Protective Factors

Protective factors reduce the effects of risk and promote healthy development. Protective factors influence the way a person responds to a risk situation. The protective factor is not a characteristic of the person or the situation, but a result of the interaction between the two in the presence of risk. The presence of protective factors helps to change a developmental trajectory form a negative direction to one with a greater chance of positive outcome. Following are some examples of the ways protective processes redirect a developmental trajectory:

- If a child with a genetic disability has supportive nurturing caregivers, the developmental impact of the disability is reduced (Shonkoff & Meisels, 1990).

- A teen mother's strong social support network reduces risks to the mother-child relationship (Schorr, 1989).
- If a child has one strong parent-child relationship, the risk associated with marital discord is reduced (Rutter, 1987).

Application To A Family-Centered Approach

Knowledge of risks and protective factors is used in a Family-Centered Approach to promote the enhancement of nurturing environments for children in families, schools and communities. Rutter (1987) identifies four mediating mechanisms. These mechanisms act in ways which:

- Reduce the impact of risks;
- Reduce negative chain reactions;
- Maintain self-esteem and self-efficacy through relationships and task achievement;
- Open opportunities for positive development.

A word needs to be said here about emphasizing "prevention" or "promotion" approaches. Much of our thinking about how to work with families has been dominated by a treatment, prevention and promotion continuum. The continuum ranges from:

- **Treatment**: eliminate or reduce existing dysfunction (a deficit-based approach) to
- **Prevention**: protect against or avoid possible dysfunction (a weakness-based approach) to
- **Promotion**: optimize mastery and efficacy (a strength-based approach) (Dunst, Trivette & Thompson 1990).

A Family-Centered Approach rejects the treatment model in favor of a blending of prevention and promotion models. It uses strength-based, non-deficit strategies to strengthen and support family functioning.

THE ECOLOGICAL MODEL: FROM THEORY TO PRACTICE

As is often the case, while the research substantiating the ecological model was slowly gathering, practitioners began to build programs that operationalized the model. Head Start, early intervention and family support programs were the first generation of programs to translate the ecological perspective into practice.

The key components of a Family-Centered Approach; creating helping and partnership relationships, building the community environment, and linking community resources, grow out of the experiences of these early programs. The first applications of the ecological perspective in programs for families resulted in:

- Recognition of the strengths and capabilities of families;
- A redefinition of the parent-professional relationship toward greater collaboration and partnership with parents;

- Service delivery practices blurring the traditional boundaries between social welfare, physical and mental health, and education.

The following description of program contributions from Head Start, early intervention family support programs, and public schools gives a very brief overview of how the ecological paradigm translates into practices. The exercises and activities of the Working Respectfully with Families Workshops will explore these lessons and applications to enhance the collaboration of parents, schools, and social services.

HEAD START PROGRAMS

Based on evidence of the critical importance of early childhood, Head Start programs created a new model of support for the young child. During its 30 year history, Head Start programs have provided a model of ways to utilize protective processes to reduce the risks associated with poverty, prevent negative chain reactions that begin in early childhood and open new opportunities for children and their families. The key components of the Head Start model incorporated in a Family-Centered Approach include:

- A comprehensive approach to child development that combines health, education and social services;
- A strong emphasis on parent participation in the program services and program administration;
- A redefinition of professional roles toward greater collaboration and partnership with parents (Shonkoff & Meisels, 1990).

EARLY INTERVENTION PROGRAMS

Early intervention programs for children with special needs are prevention programs to: reduce the impact of risks associated with genetic and developmental handicaps; avoid negative developmental chain reactions resulting from this risk; and open opportunities for children with special needs. Responding to research (Bronfenbrenner, 1974) showing that interventions involving the family were more effective than those working with the child alone, early intervention programs redefined the relationship between families and professionals. Early intervention programs developed ways to create effective parent-professional partnerships that recognize a family's right to participate in decisions about their child as well as a family's need for information and support (Bronfenbrenner, 1974; Rappaport, 1981, Dunst, Trivette, & Deal, 1988).

Key lessons learned from early intervention programs are the important role family values and family strengths play in efforts to nurture children with special needs. Parents are no longer treated as children to be schooled by experts who know what is best for their child, but as partners with different kinds of expertise. Early intervention programs have distilled guidelines for how to build strong parent-professional partnerships. These guidelines include:

- Recognizing the knowledge and expertise parents have about their child and that child needs;

- Empowering parents, as a way to provide help and information and to increase a parent's ability to nurture children (Dunst, Trivette, & Deal, 1988).
- Negotiating a match between the family's values, needs and goals and the professional's approaches, priorities and services.

Key Point:
A Family-Centered Approach addresses strengthening families from a non-deficit orientation that builds on the strengths that all families have. The values and guidelines for a Family Centered Approach that flow from a non-deficit, strength-based orientation and are summarized in the family support section below.

FAMILY SUPPORT PROGRAMS

A set of assumptions and beliefs about families and service delivery principles has evolved from the application of ecological perspectives by family support programs. A Family Centered Approach incorporates these. The program design and services of family support programs are very diverse. These programs strengthen families by offering information, resources and emotional support. Farrow, Grant, & Meltzer (1990) outline beliefs and assumptions about families that are reflected family support programs and in a Family-Centered Approach as well.

- All families need help at some time in their lives, but not all families need the same kind or intensity of support.
- A child's development is dependent upon the strength of the parent/child relationship, as well as the stability of the relationship among the adults who care for and are responsible for the child.
- Most parents want to and are able to help their child grow into healthy, capable adults.
- Parents do not have fixed capacities and needs; like their children, they are developing and changing and need support through difficult, transitional phases of life.
- Parents are likely to become better parents if they feel competent in other important areas of their lives, such as jobs, in school, and in their other family and social relationships.
- Families are influenced by the cultural values, and societal pressures in their communities (Farrow, Grant, & Meltzer, 1990, p. 14).

These beliefs and assumptions about families guide the delivery of services by family support programs. The service delivery principles of family support programs are grounded in the practical experiences of serving families and are an important part of a Family-Centered Approach. Effective services for families should reflect these family support principles:

- Programs work with whole families rather than individual family members.
- Programs provide services, training and support that increase a family's capacity to manage family functions.

- Programs provide services, training and support that increase the ability of families to nurture their children.
- The basic relationship between program and family is one of equality and respect; the program's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur.
- Parents are a vital resource, programs facilitate parents' ability to serve as resources to each other, to participants in program decisions and governance, and to advocate for themselves in the broader community.
- Programs are community-based, culturally and socially relevant to the families they serve, programs are often a bridge between families and other services outside the scope of the program.
- Parent education, information about human development, and skill building for parents are essential elements of every program.
- Programs are voluntary; seeking support and information is viewed as a sign of family strength rather than as an indication of difficulty (adapted from Carter, 1992).

PUBLIC SCHOOLS

Traditionally, public schools have not had a strong emphasis on family involvement and support. Schools of education have typically offered little direct training in forming parent/teacher relationships. A 1987 University of Minnesota report on improving teacher education listed what researchers identified as the thirty-seven most important teaching skills; learning how to work with parents was not among them (Louv, 1992). However, a number of factors have contributed to the current focus on parental involvement as a way to improve educational outcomes for all children, particularly children from low-income families.

During the last 20 years, vast economic and demographic changes have resulted in increased economic hardship and stress for many families and an accompanying pressure on schools to increase our nation's competitiveness in a global economy. There is growing recognition that fostering "readiness" for kindergarten and for succeeding educational environments will require addressing the strengths and needs of the whole child. The National Education Goals Panel endorsed a complex, multifaceted definition of readiness, which includes physical well-being and motor development, social competence, approaches toward learning, language and literacy, cognitive development, and general knowledge (NEGP, 1994). This comprehensive definition requires a new approach to schooling, one which includes a shared responsibility for children's development and "will likely permanently alter the school's relationship with families and communities" (Kagan, 1992, p. 8).

Recognizing the vital role that parents play in their children's education, Title IV of the National Education Goals 2000: Education America Act encourages and promotes parents' involvement in their children's education, both at home and at school. Three decades of research have demonstrated strong linkages between parental involvement in education and school achievement (Riley, 1994). Family involvement is highest among middle-and upper-class families. However, regardless of parents' education, parental involvement with children's schooling is associated with better attendance, higher achievement test scores, and stronger cognitive skills. In addition, when parents help elementary school children with their schoolwork, social class and education become far less important factors in predicting the children's academic success (Dauber & Epstein, 1993).

Low-income, minority, and limited-English proficient parents, however, may face numerous barriers when they attempt to collaborate with schools. These include: lack of time and energy; language barriers, feelings of insecurity and low self-esteem, lack of understanding about the structure of the school and accepted communication channels, cultural incongruity, race and class biases on the part of school personnel, and perceived lack of welcome by teachers and administrators (Fruchter, et al., 1992; SREB, 1994).

Given these potential barriers, it is not surprising that research has demonstrated that successful parent involvement programs must have a strong component of outreach to families. Studies show that school practices to encourage parents to participate in their children's education are more important than family characteristics, such as parent education, socioeconomic and marital status (Dauber & Epstein, 1993). A 1988 study of parental involvement in schools concluded that it wasn't parents who were hard for schools to reach, but schools that were hard for parents to reach (Davies, 1994). If schools are to become places where families feel welcome and recognized for their strengths and potential (Riley, 1994), school personnel must not only embrace the concepts of partnership and parent involvement, they must be given training and support to translate their beliefs into practice (Epstein, 1992).

While traditional forms of family involvement have focused on the supposed deficits of low-income and/or minority families, new models, congruent with the Family-Centered Approach advocated in this paper, emphasize building on family strengths and developing partnerships with families, based on mutual responsibility. In these approaches, parents are involved as peers and collaborators, rather than clients. Fruchter, et al. (1992), have identified four tenets of programs which have been shown to improve the educational outcomes for all children, particularly those of low-income and minority children: a) Parents are children's first teachers and have a life-long influence on children's values, attitudes, and aspirations; b) Children's educational success requires congruence between what is taught at school and the values expressed in the home; c) Most parents, regardless of economic status, educational level, or cultural background, care deeply about their children's education and can provide substantial support if given specific opportunities and knowledge; and d) Schools must take the lead in eliminating, or at least reducing, traditional barriers to parent involvement.

SUMMARY

This paper has presented the theoretical and experiential background of a Family-Centered Approach to delivering services to families. A Family-Centered approach is grounded in the research and theories of an ecological paradigm and shares many of the values and principles of Head Start, early intervention and family support programs. Specific implications and application of the key components of a family guided approach focusing on relationships, environments and linkages will be explored and discussed in depth during five workshop sessions.

The training sessions for a Family Centered Approach include the following two and a half hour sessions:

WORKSHOP I: THE CHILD, THE FAMILY, AND COMMUNITY
WORKSHOP II: DEVELOPING PARTNERSHIPS WITH FAMILIES
WORKSHOP III: CREATING FAMILY-FRIENDLY SCHOOLS
WORKSHOP IV: HOME, SCHOOL, AND COMMUNITY PARTNERSHIPS

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Tips for Trainers

Generic Tips

- Arrive at least 20 minutes ahead of time to set up room and check equipment.
- Develop your agenda and provide a copy for all participants.
- Find out as much as possible about who your audience is and some background on their community—demographics, areas of strength and concern.
- Remind participants that it is their workshop and that their enthusiastic participation is essential. Sharing expertise and experience is critical to the success of the workshop.
- Listen carefully and respectfully. Acknowledge what people say even if you don't agree.
- Collect stories. Illustrate points with real-life examples, when appropriate.
- No one person has all the answers. Utilize the expertise of the group.
- If a group isn't working well together, it may help to recombine.
- When appropriate:

    Use humor

    Share personal experiences

Tips Specific to These Workshops

- Be very familiar with the concepts in the background paper, "The Ecology of the Family: A Background Paper for a Family-Centered Approach to Education and Social Service Delivery"
- Keep families at the center. Emphasize the role of the family.
- Be sure to give examples from both social services and education.
- Emphasize promotion, prevention approaches, building on strengths.
- Review family stories. Be familiar with all perspectives.
- You will receive materials for participant packets. Some time will be needed to place materials in the notebooks.

Resources for Trainers

The Change Process

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Is the cup half ***empty*** or half ***full***?

The real answer to this old questions is "YES".

Of course, every person and place has emptiness and need, as well as fullness and assets.

However, all improvement depends on the fact that there are assets, capacities, and fullness in spite of deficiency.